**BCBS MA-HMO – Guidelines for Denials**  
**Revised 03/30/2018**

**Denial Letter Templates**

1. Integrated Denial Notice (IDN)  
   - Information on this template may be found on the CMS website using the following link:  

2. Notice of Medicare Non-Coverage (NOMNC)  
   - Information on this template may be found on the CMS website (section 90.3) using the following link:  

BC MA templates are located on the BCBSIL website and can be found under BCMA Resources using the following link: http://www.bcbsil.com/provider/standards/manual.html

**MA Denial Letter Requirements**

**Decision Tree**

**Principal Reason and Rationale:**

Is the service ever covered by Medicare? (Compression stockings are covered for leg ulcers)  
- If yes, it is a covered benefit, but may not be medically necessary for the member  
- If no, it is truly not a covered benefit (acupuncture, homemaker services)

Is the service/provider in or out of network:  
If the member is in an HMO and the provider is out-of-network, is it medically necessary to see a non-contracted provider (heart transplant, retinal specialist)?  
- If yes, it is a medically necessary covered service  
- If no, it is not medically necessary to see a non-contracted provider, and the letter should indicate how the member can find alternatives (give facility, group or individual provider options, or direct member to PCP or member may self-pay)

For all denials, clearly state the full request. If the plan misunderstood the request, this clarifies to the member/provider what we think they are asking for and they can correct the request, if needed.

“We have denied your request to see a non-contracted chiropractic provider for treatment of low back pain”.

Give the full rationale for the denial. Do not use abbreviations or acronyms. It is highly recommended to include the full name of the criteria, guideline or policy used.
“We denied your request to see a non-contracted chiropractic provider, as your medical plan does not cover services by non-contracted providers, except for emergency services. The information submitted does not show us that you have an emergent medical condition, and chiropractic services are available through network providers. Therefore, it is not medically necessary for you to see a non-contracted provider. Dr. J Smith in Peoria and Back Pain Specialists in Naperville are network providers, or you may contact your PCP for a referral to an in network provider. This decision is based on your Evidence of Coverage (section and page number) and our Provider Directory.”

“We denied your request for a gradient compression stocking (A6531) for treatment of lower leg edema”
“The request for a gradient compression stocking has been denied as not medically necessary. Gradient compression stockings are only covered when used in the treatment of an open venous stasis ulcer. The information submitted by your doctor says that you have swelling of your lower leg, but no open ulcers or wounds. Therefore you do not meet the medical criteria for gradient compression stockings. This decision is based on Medicare Local Coverage Article A47232 Surgical Dressings.”

“We denied your request for acupuncture treatment for headache”
“Acupuncture services are not a covered benefit under Medicare or your Blue Cross Medicare Advantage Plan. This decision is based on your BCBS of IL Medicare Advantage Evidence of Coverage (Section 1.2, page 45) and on Medicare National Coverage Determination for Acupuncture 30.3”

**Additional Requirements:**
1. Denial must be appropriate based on member condition and MA Benefit
2. Correct template must be used
3. An alternative to the requested service must be provided to the member

*Please refer to your Physician for further direction or you may self-pay.*

For any deficiency, education will be provided to the IPA as an opportunity for improvement. If there is no improvement after 2 documented educational opportunities, a CAR will be issued to the IPA.

**Corrective Action Requirement (CAR)**

The IPA will be issued a CAR for denials that do not meet > 95% compliance after 2 educational opportunities were provided. The IPA will have 14 days to complete CAR and return it to the MA HMO Nurse Liaison. The CAR will remain in place for 90 days. All CARs will be reported to the MA DOC Meeting for further recommendations/actions.

Please note: The IPA may contact one of the Nurse Liaisons listed below to discuss a denial letter prior to it going to the member.

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