

Beneficiary Notice Tip Sheet

Situation	Form				
	NOMNC	DENC	SNFABN/Denial Letter	CMS R-131	No letters required
Medicare A ends because skilled level of care criteria no longer met. Days remaining in benefit period. Resident leaves certified bed after last covered day.	X				
Medicare A ends because skilled level of care criteria no longer met. Days remaining in benefit period. Resident remains in certified bed after last covered day.	X		X		
Resident requests expedited appeal after NOMNC given for Medicare Part A or B		X			
Medicare Part A ends due to exhaustion of benefits					X
Medicare Part A ends by resident choice					X
<u>All</u> therapy on Medicare Part B plan of care end.	X				
Medicare Part B: One discipline ends and other discipline(s) continue.					X
Medicare Part B: Resident wishes to continue therapy after it is no longer medically necessary.				X	
Medicare Part B: Resident wishes to continue therapy after reaching the Cap when it is no longer medically necessary, (ie: ineligible for exceptions process)				X	
Medicare Part B: Resident does not want to continue therapy after last covered day on NOMNC.				Not required	

See "resources" section of www.JudyWilhide.com for Medicare regulatory references. Accurate as of 9/13/2013; check for any new updates