

240.6 – Exhibit 4 – Model Language for Preadmission/Admission Hospital Issued Notice of Noncoverage.

Hospital Identifier

Preadmission or Admission Hospital-Issued Notice of Noncoverage (HINN)
Model Language

Name of Patient: _____ Name of Physician: _____

Patient ID Number: _____ Date Issued: _____

We believe that Medicare is not likely to pay for your admission for (specify service or condition) _____ because:

_____ it is not considered to be medically necessary

_____ it could be furnished safely in another setting

_____ other _____

However, this notice is not an official Medicare decision.

If you disagree with our finding:

- You should talk to your doctor about this notice and any further health care you may need.
- You also have the right to an appeal, that is, an immediate review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to make a formal decision about whether your admission is covered by Medicare. **See page 2 for instructions on how to request a review and contact the QIO.**
- **If you decide to go ahead with the hospitalization, you will have to pay for:**

1

CONTINUED ON PAGE 2

¹ For preadmission notices, insert: "customary charges for all services furnished during the stay, except for those services for which you are eligible under Part B."

For admission notices issued not later than 3:00 P.M. on the date of admission, insert: "customary charges for all services furnished after receipt of this hospital notice, except for those services for which you are eligible under Part B." (If these requirements are not met, insert the liability phrase below.)

For admission notices issued after 3:00 P.M. on the day of admission, insert: "customary charges for all services furnished on the day following the day of receipt of this notice, except for those services for which you are eligible to receive payment under Part B."

If you want an immediate review of your case:

_____ (insert one of the following as appropriate) _____

Preadmission:

- Call the QIO immediately at the number listed below, but no later than 3 calendar days after you receive this notice. If you are admitted, you may call the QIO at any point in the stay.

Admission:

- Call the QIO immediately at the number listed below or you may call the QIO at any point during your stay.
- You may also call the QIO for quality of care issues.

QIO Contact Information: _____ (insert name of QIO in bold) _____
_____ (insert telephone number of QIO) _____

If you do not want an immediate review:

- You may still request a review within 30 calendar days from the date of receipt of this notice by calling the QIO at the number below.

Results of the QIO Review:

- The QIO will send you a formal decision about whether your hospitalization is appropriate according to Medicare's rules, and will tell you about your reconsideration and appeal rights.
 - IF THE QIO FINDS YOUR HOSPITAL CARE IS COVERED, you will be refunded any money you may have paid the hospital except for any applicable copays, deductibles, and convenience items or services normally not covered by Medicare.
 - IF THE QIO FINDS THAT YOUR HOSPITAL CARE IS NOT COVERED, you are responsible for payment for all services beginning on _____ (specify date) _____. (see footnote¹ on page 1).

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Please sign your name, the date and time. Your signature does not mean that you agree with this notice, just that you received the notice and understand it.

Signature of Patient or Representative

Date

Time