



Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help & more information.”

Notice of Denial of Payment

Date: June 07, 2021

Member Number: M0000000000

JANE DOE
919 HIDDEN RIDGE
IRVING, TX 75700

Regarding - Claim **123456** for Service performed by **John Smith, M.D.**

Your request was denied

We’ve DENIED the payment of medical services/items listed below requested by you or your doctor

Line#	Service Date	Procedure Description
1	04/30/2021	99214: OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O

Why did we deny your request?

We DENIED the payment of medical services/items listed above because:

Line 1: Payment denied/reduced for absence of pre-certification/authorization.

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

You have the right to appeal our decision

You have the right to ask CHRISTUS Health Plan Generations HMO to review our decision by asking us for an appeal.

Plan Appeal: Ask CHRISTUS Health Plan Generations HMO for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled “How to ask for an appeal with CHRISTUS Health Plan” for information on how to ask for a plan level appeal.

How to keep your services while we review your case: If we’re stopping or reducing a service, you can keep



getting the service while your case is being reviewed. **If you want the service to continue, you must ask for an appeal within 10 days** of the date of this notice or before the service is stopped or reduced, whichever is later. Your provider must agree that you should continue getting the service. If you lose your appeal, you may have to pay for these services

If you want someone else to act for you

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 844-282-0380 to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

Important Information About Your Appeal Rights

There are 2 kinds of appeals

Standard Appeal – We'll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within **60 days**.

Fast Appeal – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision.

We'll automatically give you a fast appeal if a doctor asks for one for you or supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.

How to ask for an appeal with CHRISTUS Health Plan Generations HMO

Step 1: You, your representative, or your doctor ADRIANA M GONZALES FNP must ask us for an appeal. Your written request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reason for being late.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal {or call us}.

For a Standard Appeal:

CHRISTUS Health Plan Generations HMO



**Attn: Member Advocate
P.O. Box 169009
Irving, Texas 75016
1-844-282-0380 (toll free phone)
TTY 711 (toll free phone)
1-866-416-2840 (toll free fax)**

For a Fast Appeal: Phone: 1-844-282-0380

Fax: 1-866-416-2840

What happens next?

If you ask for an appeal and we continue to deny your request for a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

Get help & more information

- **CHRISTUS Health Plan Generations HMO**
Toll Free: 844-282-0380
TTY users call: 711
8:00am to 8:00pm MST
- **1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048**
- **Medicare Rights Center: 1-888-HMO-9050**
- **Elder Care Locator: 1-800-677-1116**