Appeal of Notice of Medicare Non-Coverage (NOMNC)

Attorneys

Thomas J. Cleary
Kiran Mistry-Patel
Bryan J. Texiera
Tyler K. Tyack

Related Services

Medicaid and Medicare
Appeal of 30-Day Discharge Notices
Appeal of Denial of Benefits
Appeal of Notice of Medicare Non-Coverage (NOMNC)
Medicaid Hardship Waiver Requests
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Overview

A Notice of Medicare Non-Coverage arrives with almost no warning, and the appeal window is measured in hours, not weeks. Beneficiaries who receive a NOMNC while in a skilled nursing facility (SNF) or receiving home health services often assume the decision is final or that they must comply with the discharge or termination date on the notice. That assumption costs families coverage they are entitled to challenge. The NOMNC process is built on an accelerated timeline that rewards immediate action: beneficiaries who request an expedited review from a Quality Improvement Organization within the first day after receiving the notice can continue receiving covered care while the review is pending. Those who wait even 48 hours may lose that protection entirely. An experienced NOMNC appeal lawyer can help you respond to a non-coverage notice quickly, correctly, and with the legal support needed to preserve ongoing care.

How We Help with Medicare Non-Coverage Appeals

The NOMNC appeal process operates under federal Medicare regulations, but the practical execution depends on understanding exactly how Quality Improvement Organizations conduct expedited reviews and what documentation those reviewers need to see. When a Medicare beneficiary receives a non-coverage notice from a skilled nursing facility or home health provider, the clock starts immediately. The beneficiary must contact the designated QIO no later than noon of the first calendar day after receiving the notice to trigger an expedited review. That review must then be completed within 72 hours.

Cohen Cleary's Medicare appeal attorneys work within these compressed timelines to build a record supporting continued coverage. Whether the dispute involves a Medicare SNF appeal or a home health appeal, Medicare requires specific evidence that the beneficiary continues to meet skilled care criteria. We obtain and review medical records, identify those criteria, and present the case to the QIO in a format that directly addresses coverage standards. If the QIO upholds the non-coverage determination, we pursue the next level, proceeding through Medicare redetermination and, if necessary, the full five-level appeals process, including Administrative Law Judge hearings.

We tell our clients that a NOMNC is not a discharge order. It is a coverage decision, and coverage decisions are reviewable. The critical variable is speed: the beneficiary must act before the appeal window closes.

Why Choose Cohen Cleary

At Cohen Cleary, our practice teams combine deep subject-matter experience with disciplined execution and responsive client service. We do not take a one-size-fits-all approach. Every matter is handled with careful preparation, clear communication, and a strategy tailored to the client's goals and the realities of the forum.

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Clients choose Cohen Cleary because we deliver:

Practice-Focused Legal Experience

Our attorneys work in defined practice areas, allowing us to develop practical insight into the legal, procedural, and regulatory nuances that matter most in each case. This focus allows us to anticipate issues, avoid unnecessary delays, and position matters for efficient resolution.

Clear Guidance and Proactive Communication

We prioritize clarity at every stage. Clients receive straightforward explanations of their options, timely updates on developments, and practical advice grounded in real-world outcomes.

Strategic Advocacy with Trial Readiness

Whether a matter calls for negotiation, mediation, or litigation, our attorneys prepare every case with discipline and foresight. We pursue efficient resolution when possible and are fully prepared to advocate aggressively when necessary to protect our clients' interests.

Regional Knowledge and Local Presence

With offices throughout Massachusetts and experience across New England courts and agencies, we bring local insight and regional reach to every matter.

Client-Centered Service

We treat every matter with urgency and respect. Our clients rely on us for responsive service, sound judgment, and steady counsel through complex legal challenges.

In our Medicaid and Medicare work, this approach helps clients navigate urgent benefit disputes with clarity, efficiency, and confidence.

Our Approach to Expedited Medicare Appeals

Every NOMNC appeal begins with triage. Our attorneys assess the notice, confirm the appeal deadline, and determine whether the beneficiary's current condition still meets Medicare's skilled care criteria. We then prepare and submit the QIO review request within the required timeframe, ensuring the supporting medical documentation addresses the specific coverage standards the reviewer will apply. If the expedited review does not resolve the matter, we are prepared to advance through each subsequent stage of the Medicare appeals process with the same discipline and preparation. Because Medicare coverage termination appeals involve strict procedural requirements at every level, each submission is built on the evidentiary foundation established during the initial QIO review.

Speak With a Massachusetts Medicare Non-Coverage Appeal Attorney

If you or a family member has received a Notice of Medicare Non-Coverage, time is the most critical factor. Contact Cohen Cleary to discuss your appeal options before the deadline passes. Call our offices in Taunton or Plymouth to speak with a NOMNC attorney.

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Representing Medicare Beneficiaries Across New England

Cohen Cleary represents Medicare beneficiaries across New England, with particular concentration in Massachusetts, Rhode Island, Connecticut, and Maine. Because Medicare is a federal program, the substantive coverage rules apply uniformly regardless of state. The QIO assigned to conduct expedited reviews varies by region, however, and the practical realities of coordinating with skilled nursing facilities and home health agencies differ by state. Our attorneys are familiar with the QIOs serving New England beneficiaries and understand the documentation standards these organizations apply. Families pursuing a Massachusetts Medicare appeal benefit from the firm's proximity and regional knowledge, with offices in Taunton or Plymouth.

Frequently Asked Questions About Medicare Non-Coverage Appeals

What is a Notice of Medicare Non-Coverage (NOMNC)?

A NOMNC is a written notice that a Medicare beneficiary receives from a skilled nursing facility or home health agency informing them that Medicare coverage for their current services will end on a specified date. The notice must be delivered at least two days before the proposed termination date and must explain the beneficiary's right to request an expedited review from a Quality Improvement Organization.

How quickly do I need to act after receiving a NOMNC?

The timeline is extremely compressed. To preserve your right to continue receiving covered services during the review, you must contact the QIO by noon of the first calendar day after you receive the notice. Missing this deadline does not eliminate your appeal rights entirely, but it may result in personal financial liability for services provided after the coverage termination date while the review is pending.

Will I have to pay for care while my appeal is being reviewed?

If you request the expedited QIO review Medicare requires within the applicable timeframe, Medicare continues to cover your care during the review period. You will not be personally liable for those costs while the QIO evaluates your appeal. If the QIO upholds the non-coverage determination, financial responsibility shifts to the beneficiary beginning on the third day after the QIO's decision.

Can I appeal if the QIO upholds the non-coverage decision?

Yes. A QIO determination is not the end of the process. You can request a Medicare redetermination, followed by reconsideration by a Qualified Independent Contractor, an Administrative Law Judge hearing, review by the Medicare Appeals Council, and ultimately judicial review in federal court. Each level of appeal provides an additional opportunity to present evidence supporting continued coverage.

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