

When Coverage Is Denied or Cut Off

Medicare, facility, insurance, or VA benefit conversations.

What is happening: Someone says rehab, therapy, a claim, or a stay will not be covered. It sounds final, but there may be appeal rights.

Where you stand

- A denial or cutoff should come with a written reason and appeal instructions.
- Deadlines can be short. Call before you feel fully ready so you do not miss the window.
- “Not improving” is not the same as “no skilled care is needed.” Skilled care can sometimes maintain condition or slow decline.
- Observation status can affect later rehab coverage. Ask every day whether the person is admitted or under observation.

Words you can use

1. “Please give me the written notice with the reason and appeal instructions.”
2. “I want to file a fast appeal today. What is the deadline?”
3. “Is my loved one admitted as an inpatient or under observation? Please put the answer in writing.”

Free help to call

- SHIP counselor for Medicare — 1-800-MEDICARE or your state SHIP line.
- Hospital or facility patient advocate — ask for them by name.
- Long-Term Care Ombudsman — Eldercare Locator, 1-800-677-1116.
- Accredited Veterans Service Officer for VA decisions — free by law.

Write down: The letter, date received, appeal deadline, each call log, and each hospital day’s inpatient or observation status.

Notes from this conversation