

Advanced Beneficiary Notice of Non-coverage (ABN)

CMS Advanced Beneficiary Notice (ABN) Initiative

Disclaimer: The ABN must be discussed, and the client must agree to sign/date prior to or on the date of delivery

Entries may be typed or hand-written – with font size large enough to allow ease in reading

There are 10 blank sections for completion, labeled (A) through (J)

(A) Notifier = Provider/Supplier's name, address, and phone number

(B) Patient Name = Beneficiary's complete first & last name as on file with Medicare – *no nicknames*

(C) Identification Number = Use the work order number – *do not use ID &/or Social Security (MBI/HICN, SSN)*

(D) Service Details = List specific item(s) believed to be non-covered in all 7 blank fields

List specific details by name/description in the box provided in column D – *do not use HCPCS*

(E) Reason Medicare May Not Pay = List at least one reason (*ok to use multiple*) applicable to each item listed in (D)

(F) Estimated Cost = List the estimated cost(s). This is to ensure the beneficiary has all available information to make an informed decision.

**Multiple items that are routinely grouped can be bundled into single amount*

(H) Additional Information =

Use this section to provide additional details/clarity, such as Other Insurance Coverage

An additional **dated witness signature can be entered here*

Beneficiary is responsible for:

Section G = Selecting an option **Only one box can be checked*

***ONLY WHEN beneficiary has QMB or dual-enrolled coverage - line through Opt. 1 as in example at right*

Section I = Providing legible signature - first/last name

**If a representative signs instead, they must include "(representative)" after signature*

**If beneficiary signs with a mark ('X') - a witness must also sign & date*

Section J = Date form signed

**Ok to add the date if/when beneficiary has difficulty writing – and – requests help*

5959 Shallowford Road Suite 443
Chattanooga, TN 37421
P: (423) 756-2268

A. Notifier: National Seating & Mobility, Inc.
B. Patient Name: Jane Doe
C. Identification Number: 001-9876543

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. PWC Accessories** below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the **D. PWC Accessories** below.

D. PWC Accessories	E. Reason Medicare May Not Pay:	F. Estimated Cost
Transit Option Cup Holder USB Charger	Medicare does not pay for equipment used for transport, will deny as non-covered/not medically necessary. These are considered convenience items and will deny as non-covered/not medically necessary.	\$98.00 \$23.00 \$48.00 Total: \$167.00

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the **D. PWC Accessories** listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ **OPTION 1.** I want the **D. PWC Accessories** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the **D. PWC Accessories** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

☐ **OPTION 3.** I don't want the **D. PWC Accessories** listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Advance Beneficiary Notice (ABN) Form - Common Verbiage

NSM cannot guide the client on which option to choose.

The options should be explained in great detail, to allow the beneficiary to make an informed decision.

Anytime there is not a Physician's order/Rx on file, please add the verbiage "*no order on file*" to the ABN column (E)

Bases

Group 2 Scooter/POV (Upgrade Option)

The Group 2 Scooter is not covered because it has added capabilities that are not needed for use in the home – therefore, Medicare will deny as not medically necessary/non-covered. However, you have agreed to pay the difference in the amount of the Group 1 Scooter and the Group 2 Scooter.

Group 4 Power WC (Upgrade Option)

The Group 4 Power WC is not covered because it has added capabilities that are not needed for use in the home – therefore, Medicare will deny as not medically necessary/non-covered. However, you have agreed to pay the difference between the item you qualify for and the item you receive.

Documents that does not meet Medicare coverage criteria

The documentation that was obtained does not meet Medicare's coverage criteria - therefore, Medicare will deny as not medically necessary. If the base denies, Medicare will also deny the accessories as not medically necessary.

Bases the patient does not qualify for but requests (Upgrade Option)

Since you do not meet the qualifications for this level of chair, you agree to pay the difference between the item you qualify for and the item you receive.

Back Up

Medicare does not pay for back-up equipment and will deny as non-covered. If the base denies, Medicare will also deny the accessories as non-covered.

Community Use

Medicare does not pay for community use equipment, and will deny as not medically necessary/non-covered. If the base denies, Medicare will also deny the accessories as non-covered/not medically necessary.

Same/Similar

Since Medicare has paid for an item that is same or similar to this item within the last five (5) years, Medicare will deny as same-similar/non-covered/not medically necessary. If the base denies, Medicare will also deny the accessories as non-covered/not medically necessary.

Repairs & Modifications

Labor charge

Medicare will deny the labor charges as non-covered if the repair/modifications are denied.

Documents that does not meet Medicare coverage criteria

The documentation that was obtained does not meet Medicare's coverage criteria, therefore, Medicare will deny as not medically necessary.

Medicare denied equipment

Since the chair being **modified** was denied by Medicare, these modifications will be denied as non-covered/not medically necessary. Medicare does not cover modifications to equipment that they denied.

or

Since the chair being **repaired** was denied by Medicare, these repairs will be denied as non-covered/not medically necessary. Medicare does not cover repairs to equipment that they denied.

Equipment not on file with Medicare and there is no base justification

Based on the fact there is no medical justification on file for the base and we were unable to obtain base justification, Medicare will deny as not medically necessary.

Same/Similar

Since the chair being repaired was paid for by Medicare less than a year ago, these repairs will be denied as same-similar/ non-covered/not medically necessary.

Accessories

Cushions, Laterals, Chest straps, etc.:

Since you do not have a qualifying DX, Medicare will deny as not medically necessary/non-covered.

Cushions/Backs the beneficiary does not qualify for (Upgrade Option)

Since you do not meet the qualifications for this level of cushion/back, you agree to pay the difference between the item you qualify for and the item you received.

K0669 Cushion

Since this cushion does not meet specific code criteria, Medicare will deny as non-covered/not medically necessary.

Transit Option

Medicare does not pay for equipment used for transport, will deny as non-covered/not medically necessary.

Patient or Caregiver convenience items (Lighting packages, attendant wheel locks, cup/phone/bag holders, bag hook, USB port, etc.)

These are considered convenience items and will deny as non-covered/not medically necessary.

Patient damage/patient abuse

Since the damage was caused by the patient, coverage will not be considered. This is considered patient abuse and will not be covered by Medicare.

E2377/E2313 Electronics

Since you do not have at least three or more power seating functions, Medicare will deny as not medically necessary.

E2301- power standing feature / E1399- Standers, strollers, ramps

Medicare does not consider these items to be primarily medical in nature and will deny as non-covered.

Client wants to bypass Medicare

Since you have elected to bypass Medicare and have opted to self-pay, a claim will not be filed to Medicare.

Competitive Bid Program (when active)

This beneficiary resides in a competitive bid area, and this equipment cannot be provided by us. At this time, the beneficiary can either sign an ABN for the entire order – or – go to a competitive bid supplier.

Manual Chair HCPCS	Power Chair HCPCS
K0001 - K0004	K0800 – K0802
K0006	K0813 – K0816
K0007	K0820 – K0829

ABN Verbiage

Since we are not a contracted competitive bid supplier, Medicare will not pay for this equipment. If you get this equipment from a contracted supplier, Medicare may pay for it.