

Advanced Beneficiary Notice of Non-coverage (ABN)

<http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

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

Overview

The ABN is a notice given to beneficiaries with Medicare and Medicare Advantage coverage, to convey the plan is not likely to provide coverage in specific cases

The following healthcare providers and suppliers (aka Notifiers) must complete the ABN, in order to transfer potential financial liability to the beneficiary:

- Physicians, practitioners, providers, and suppliers paid under Medicare Part B
 - *Includes institutional providers such as outpatient hospitals and independent labs
- Hospice providers and religious non-medical health care institutions (RNHCIs) paid exclusively under Medicare Part A
- Home Health Agencies (HHAs) providing care under Medicare Part A or Part B

Employees or subcontractors of the providers listed above may deliver the ABN

Providers listed above are required to deliver the notice to beneficiary prior to providing the item(s) or service(s) that are the subject of the notice – far enough in advance that the beneficiary or representative has time to consider the options and make an informed choice

The ABN must be reviewed with the beneficiary or their representative, and any questions raised during that review must be answered before it is signed

Once all blanks are completed and the form is signed, a copy is given to the beneficiary or representative

In all cases, the notifier must retain a signed copy on file of the ABN delivered to the beneficiary

**The ABN may also be used to provide notification of financial liability for item(s) or service(s) Medicare never covers - When the ABN is used in this way, it is not necessary for the beneficiary to choose an option or sign the notice

**The ABN is never required in emergency or urgent care situations

Completing the Notice

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

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

One of the check boxes in the Option Box section must be selected by the beneficiary or their representative

Header must include:

Section A = the Notifier's name, address, & phone number

Section B = Beneficiary's complete first & last name

- must match name on file with Medicare (no nicknames)

Section C = Unique/internal identification number, such as the work order number

- *Medicare ID (HICN or MBI) or Social Security (SSN) numbers should not be used on this notice

A. Notifier: National Seating & Mobility, Inc.		5959 Shallowford Road Suite 443 Chattanooga, TN 37421 P: (423) 756-2268
B. Patient Name: Jane Doe	C. Identification Number: 001-9876543	

Sections A – C will auto-fill when using the Medicare ABN form located in the Work Order > Scan Docs Tab

Body Details must include:

Section D = List the specific item or service believed to be non-covered

- The box in column D is to list the specific details by name/description
- There are 7 blank (D) fields – all must be filled in for the notice to be considered valid

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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. _____ below.		
D. PWC Accessories	E. Reason Medicare May Not Pay:	F. Estimated Cost
Transit option Cup holder USB Charger		
WHAT YOU NEED TO DO NOW: <ul style="list-style-type: none">• 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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.		

Body Details Cont'd:

Section E = Enter the reason(s) Medicare may not pay

- There must be at least 1 reason applicable to each item/service listed in column (D) for ABN to be valid
- The same reason may be applied to multiple items/services listed in column (D)
- An ABN common reasons verbiage resource is available for completing this section
 - Located in Medicare Resource Workbook (WNSM home > Departments > Funding > Medicare)

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ 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. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
	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.	

Section F = Enter the estimated cost(s)

- This is to ensure the beneficiary has all available information to make an informed decision
- Multiple items/services that are routinely grouped can be bundled into a single amount
- Alternatively, the cost estimate can be listed in column (D) alongside each item/service

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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
		\$98.00 \$23.00 \$46.00 Total: \$167.00

Body Details Cont'd:

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
		\$167.00

Beneficiary Options

Section G = The beneficiary is provided with 3 options and must select/check only one

- Option 1 states the beneficiary wants the Notifier to bill Medicare for an official decision, and agrees to provide payment if Medicare does not pay
- Option 2 states the beneficiary wants to bypass billing Medicare for an official decision, and will provide payment up-front
- Option 3 states the beneficiary does not wish to proceed with the services at all (declines item/service altogether)

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.

Beneficiary Options Cont'd.

Section G = When beneficiary is dually enrolled in Medicare - aka Qualified Medicare Beneficiary (QMB program) - and/or Medicaid coverage

- Strike through Option 1 box as in example below
- Edits are required because the Notifier cannot bill the beneficiary when they have dual eligibility, and the ABN is furnished (per federal law)
- This will allow the transfer of financial liability to be crossed over to Medicaid (based on state Medicaid coverage & payment policy), instead of the beneficiary

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.

Section H = Additional Information

- This space may be used to provide additional clarification
 - Other Insurance Coverage (OIC) such as a Medicare supplement plan, or Medicaid
 - Additional witness signature – dated – can be entered here
 - Other pertinent annotations

H. Additional Information:

Beneficiary selection above also applies to billing their secondary AARP Medicare supplement plan

Section I = Signature

- Beneficiary or an Authorized Representative (Rep) is required to sign the notice, to indicate they have received the notice and understand the contents.
 - The Rep should write out “(representative)” after their signature
 - The Rep's name should be clearly legible – or – noted in print *can also use section (H)*

Section J = Date

- Beneficiary or Rep must include the date they signed the ABN form
- Date may be inserted by the Notifier if/when the beneficiary has difficulty with writing – AND – requests assistance
 - Notifier also needs to initial this section, when adding date for the beneficiary

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:

