Medicare 102
Advanced Beneficiary Notice of Non-Coverage (ABN)

Presented by:
Part B Provider Outreach & Education
February 25, 2015

Schedule Change
March 13, 2015
Housekeeping Hints

Locating Presentation Materials

- Telspan Venue Link Tab
- Cahaba GBA Calendar of Events
  Page click on: “The Title of the Event” and look under Instructions/Materials
  for: **PowerPointPresentation**
- Send an Email Message to: MedicareOutreach@CahabaGBA.com

Audio/Dial-In

Attendees can listen via computer speakers or by calling into the event

- **Dial-in is preferred audio method**
- Dial-in number: 1-800-791-2345
- Attendee (participant) Code: 88096

- Question & Answer session will immediately follow the presentation,
  you must use the audio conference telephone number to ask a question
Technical Difficulties?

• Should you experience an issue or difficulty while participating in the conference, please **press *0 from a TelSpan Venue audio conference** or call 1-800-937-7726 for assistance

OR

• Send a message to us in the Chat Text area of Telspan Venue
Disclaimer

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Agenda

• What is an ABN
• Why ABNs are important
• Mandatory & Voluntary ABNs
• When ABNs do not apply
• Proper ABN completion
• Modifiers required when billing with an ABN
• MLN Educational Products
Acronyms

- ABN – Advanced Beneficiary Notice for Noncoverage
- CMS – Centers for Medicare & Medicaid Services
- DMEPOS – Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- FFS – Fee-for-Service
- HHA – Home Health Agency
- LCD – Local Coverage Determination
- LOL – Limitation on Liability
- MUE – Medically Unlikely Edit
- NCD – National Coverage Determination
- NEMB – Notice of Exclusion from Medicare Benefits
Advanced Beneficiary Notice of Noncoverage

• A written notice of liability that is required to be issued to a Medicare patient before providing services that may not be covered or considered medically necessary

• Only applies to Original (fee-for-service) Medicare
Importance of an ABN

- Reimbursement
- Protects Medicare Beneficiary
- Provides Medicare with proof of beneficiary notification/awareness
- Medicare Fraud & Abuse compliance
• Social Security Act – Section 1879
  – Limitation on Liability of Beneficiary Where Medicare Claims are Disallowed

http://www.ssa.gov/OP_Home/ssact/title18/1879.htm
Mandatory ABNs

- Provider expects Medicare to deny payment for not reasonable and necessary
- Medicare considers custodial care
- Services are in excess of therapy cap and do not qualify for the exception
- Patient is not terminally ill
- Home Health services requirements are not met
- Additional requirements apply to DME suppliers
Voluntary ABNs

- Services provided to physician/supplier immediate family or household member
- Cosmetic Surgery
- Eye Exams in the absence of disease or injury to the eye
- Hearing Aids and/or routine hearing exams
- Personal comfort items
- Routine Dental Services
- Routine Foot Care
- Routine Immunizations
- Services furnished or paid by government institutions
- Supportive Devices for the feet
Routine Notice Prohibition

• Routine basis – no reason to believe Medicare will not cover service/item
• Beneficiary in a medical emergency or under great duress

Exceptions*:
  Services/Items are always denied for medical necessity
  Experimental Services/Items
  Frequency Limited Services/Items
  DME - No Supplier Number & Supplier Made an Unsolicited Telephone Contact

*For complete information on exceptions please refer to the Medicare Claims processing Manual 100-04, Chapter 30, Section 40.3.6.4 – 40.3.7.2
ABN Event Considerations

• **Initiations** – start a plan of care or treatment you do not believe Medicare will cover

• **Reductions** – decrease a component of care, i.e. frequency, duration, etc

• **Terminations** – terminate or discontinued services or item and the beneficiary wants to continue receiving that is no longer medically necessary
Medical Necessity

• Reasonable and Necessary
  – The diagnosis and treatment of the patient’s condition falls within accepted medical standards
  – Ordered/provided by qualified medical personnel
  – Beneficiaries medical needs are met, but not exceeded

• IOM 100-08 Medicare Program Integrity Manual, Chapter 3 Verifying Potential Errors and Taking Corrective Actions, Section 3.6.2.2 Reasonable and Necessary Criteria

• Medicare Coverage Web page
Frequency

• Medicare will pay for only a certain quantity of specific item or services in a given time period for a particular diagnosis

• Medically Unlikely Edits (MUEs)
  – Providers cannot use ABNs to shift financial liability to the beneficiary for services denied due to MUE

  http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html
Who Issues an ABN

- Medicare holds the billing entity responsible for effective issuance
ABNs & Multiple Providers

**Situation**
- Separate Ordering & Rendering Providers
- Professional Component & Technical Component
- Provider that obtains ABN signature different from provider that bills

**Solution**
- List names of all the providers involved in the delivery of care
- Beneficiary must be able to clearly identify who to contact concerning billing questions
- Billing entity held responsible by Medicare
CMS-R-131

- Change Request 7821 – Advanced Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, Updated Manual Instructions
  - Revised/Effective November 1, 2011
  - Replaced
    - ABN-G CMS-R-131G
    - ABN-L CMS-R-131L
    - NEMB CMS 20007
  - 2013 Replaced
    - HHABN CMS-R-296

Issuing ABN Options

- In person (preferred method)
- Direct Telephone
- Email
- Mail
- Secure Fax Machine
ABN Format

- **CMS-R-131**
  - Cannot exceed one (1) page
  - Attachments are permitted
  - High contrast - dark ink/light background
  - Limited customization
FFS ABN

Fee For Service Advance Beneficiary Notice of Noncoverage

The Advanced Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to Original Medicare (fee for service) beneficiaries in situations where Medicare payment is expected to be denied. Guidelines for mandatory and voluntary use of the ABN are published in the Medicare Claims Processing Manual, Chapter 30, Section 20.

Home Health Agencies (HHAs) now use the ABN in place of the Home Health Advance Beneficiary Notice (HHABN). Option Box 1, Form CMS-R-296. Please check the HHABN web page for more information on the discontinuation of the HHABN and notice requirements for HHAs.

Note: Skilled nursing facilities (SNFs) must use the ABN for items/services expected to be denied under Medicare Part B only.

Download the ABN

The ABN and the ABN form instructions are posted below under “Downloads.” The form approval date of 3/2011 printed in the lower left hand corner.

Questions?

Questions regarding the ABN should be emailed to RevisedABN_CDF@cms.hhs.gov

Downloads

- ABN Forms English and Spanish [ZIP, 131KB] [file]
- ABN Form Instructions [PDF, 116KB] [file]
- ABN CMS Manual Instructions [PDF, 191KB] [file]
- ABN Alternative Format Sample for Labs [PDF, 70KB] [file]

Paga last Modified: 06/26/2014 1:17 PM
Help with File Formats and Plug-ins
Completing the ABN

- **A – Notifier(s)**
  - **Provider/Supplier Name**
  - **Address**
  - **Telephone Number**
  - If billing & notifier(s) are not the same

**Example:**

**A. Notifier:** Separate Biller - 234 Any Street, Any Town, GA, 12345-0000 (404)999-9999

**Medicare Provider - 123 Any Street, Any Town, GA, 12345-0000 (404)000-0000**
Completing the ABN

• B – Patient Name
  – List beneficiary name as it appears on the Medicare card

B. Patient Name: Malcolm B. Medicare
Completing the ABN

- **C – Identification Number**
  - Optional entry
  - Medical Record Number
  - Provider patient account number
  - Date of birth
  - **Do not use beneficiary Medicare number or Social Security Number**

[C. Identification Number: ACCT55555]
Completing the ABN

- **D1 – Body**
  - List general description of presumed services/item that are non-covered
  - Common descriptor used: Items/Services
Completing the ABN

- **D₂** – Item/Service Description
  - List specific service or item believed to be non-covered
Completing the ABN

- E – Reason Medicare may not pay
  - List reason(s) Medicare may not cover service or item
Completing the ABN

- **F – Estimated Cost**
  - Reasonable estimate for all the items or services listed

![Image of ABN form with highlighted F Estimated Cost section]
## ABN Formatting Example

**Notifier(s):**

**Patient Name:**

**Identification Number:**

### Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn’t pay for lab tests checked in box (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 lab tests checked in box (D) below.

<table>
<thead>
<tr>
<th>(D)</th>
<th>Checked Lab Tests Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CA 125: 66304</td>
</tr>
<tr>
<td></td>
<td>CEA: 82378</td>
</tr>
<tr>
<td></td>
<td>Cholesterol: 2345</td>
</tr>
<tr>
<td></td>
<td>Ferritin: 82728</td>
</tr>
<tr>
<td></td>
<td>Fructosamine: 82986</td>
</tr>
<tr>
<td></td>
<td>Glucose: 92847</td>
</tr>
<tr>
<td></td>
<td>Iron: 83590</td>
</tr>
<tr>
<td></td>
<td>T3 Uptake: 8447</td>
</tr>
</tbody>
</table>

|     | Cardiovascular disease screen: 80061, 82465, 83718 |
|     | PSA Screen: G1023, G1024 |
|     | TSH: 8444             |
|     | ACAR Blocking Ab, Ser: 878844 |

<table>
<thead>
<tr>
<th>Reason Medicare May Not Pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare does not pay for these tests for your condition.</td>
</tr>
<tr>
<td>Medicare does not pay for these tests as often as ordered.</td>
</tr>
</tbody>
</table>

**Estimated Costs:**

<table>
<thead>
<tr>
<th>Option</th>
<th>Check only one box. We cannot choose a box for you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPTION 1</td>
<td>I want the lab tests checked above. You may ask to be paid now, but I also want Medicare to receive an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare does not 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.</td>
</tr>
<tr>
<td>OPTION 2</td>
<td>I want the lab tests checked 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.</td>
</tr>
<tr>
<td>OPTION 3</td>
<td>I don’t want the lab tests checked above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.</td>
</tr>
</tbody>
</table>

### What you need to do now:

1. Read this notice so you can make an informed decision about your care.
2. Ask us any questions that you may have after you finish reading.
3. Choose an option below about whether to receive the checked items in (D) 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.

### Options:

- **OPTION 1:** I want the lab tests checked above. You may ask to be paid now, but I also want Medicare to receive an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare does not 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 lab tests checked 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 lab tests checked above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### Additional Information:

This notice gives my 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: 1-877-486-2648). Signing below means that you have received and understand this notice. You also receive a copy.

**Signature:**

**Date:**

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Completing the ABN

G – Options

- Beneficiary/representative must complete section G

  - Option 1 – wants services and accepts financial responsibility
  - Provider files a claim to Medicare
  - Appeal rights afforded

  - Option 2 – wants services and accepts financial responsibility
  - Provider does not submit a claim to Medicare
  - No appeal rights

  - Option 3 – does not want services/items and cannot be charged
  - Provider does not submit a claim
  - No appeal rights
Completing the ABN

H – Additional Information
- Additional clarification provisions

H. Additional Information:
If you do not receive any or part of the ordered services/items that are listed above (Section D) please notify Medicare Provider immediately at (404)000-0000, ask to speak with Mary Scheduler.
Completing the ABN

I – Signature
- ABN must be signed by the beneficiary or the beneficiary’s representative
Beneficiary Refusal to Sign

• Annotate the Original ABN Notice
• List witness(s) to the refusal to sign/select option
• Consider not providing services/item unless consequences prevent this option
Completing the ABN

- **J – Date**
  - ABN must be dated by the beneficiary or the beneficiary’s representative

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**Advance Beneficiary Notice of Noncoverage (ABN)**

- **D. Procedure X**: Medicare only pays for Procedure X once every 24 months.
  - *F. Estimated Cost*: $50.00
- **E. Procedure Y**: Medicare never pays for Procedure Y.
  - *F. Estimated Cost*: $150-$200

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**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.

**J. Date:** 02/25/15
Completed ABN

- Keep original copy
- Electronic retention acceptable
- Provide beneficiary with paper copy
Retain ABN

• Keep for five (5) years from the date of care delivery

• Retain ABN in all cases:
  – Accept services/items
  – Decline services/items
  – Beneficiary refusal to select option or sign
What If……

• Beneficiary changes their mind
  – the beneficiary or beneficiary’s representative must notate the change in service on the ABN, what the new choice is, sign and date the notation

• Service/Item is extended
  – Providers can issue one (1) ABN for an extended course of treatment
  – If a beneficiary receives a service or item that was not included on the original, the provider must issue a new ABN
  – ABN valid for one (1) year for extended services/items
## ABN Reporting Modifier

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Type of ABN</th>
</tr>
</thead>
<tbody>
<tr>
<td>GA</td>
<td>Mandatory</td>
</tr>
<tr>
<td>GX</td>
<td>Voluntary</td>
</tr>
<tr>
<td>GY</td>
<td>Excluded</td>
</tr>
<tr>
<td>GZ</td>
<td>Not Reasonable &amp; Necessary</td>
</tr>
</tbody>
</table>
GA Modifier

Waiver of Liability Statement Issued as Required by Payer Policy

• Indicates ABN is on file
• Allows provider to bill the beneficiary if not covered by Medicare
GX Modifier

Notice of Liability Issued, Voluntary Under Payer Policy

• Indicates a voluntary ABN was issued for services that are not covered
Change Request 6563

- Revised MLN Article
  August 7, 2012
  - Billing for Services Related to Voluntary Uses of Advanced Beneficiary Notices of Noncoverage (ABNs)

GY Modifier

Item or Service Statutorily Excluded, Does Not Meet the Definitions of Any Medicare Benefit

- Use to obtain a denial on a non-covered service
- Notifies Medicare provider know service/item is excluded
GZ Modifier

Item or Service Expected to Be Denied as Not Reasonable and Necessary

• ABN may have been required but was not obtained
Advance Beneficiary Notice of Noncoverage (ABN)

MLN Educational Products

Transitioning to Jurisdiction J

- CMS awarded Jurisdiction J (JJ) A/B Medicare Administrative Contractor on September 17, 2014
- Administration of Medicare Part A and Part B
  - Alabama, Georgia and Tennessee
- Part B workload will assume full responsibility on July 1, 2015
- Watch the Cahaba GBA website for communication throughout the implementation and transition
Continuing Education Units (CEUs)

- This program has the prior approval of AAPC for 1 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

CEU Certificate

- If you registered online and are in attendance, your CEU certificate will be sent to the email listed on your registration
- If you are in attendance, but did not register online –

Send an email titled – M102 CEU to MedicareOutreach@CahabaGBA.com

Include the following information:

- Your name
- The name of the person or group who registered for the event through online registration
- Your email address
Encore Presentation

- Cahaba University
  - Recorded Events

*Participants who were unable to attend the webinar and want to receive a CEU certificate for the review of this recorded event will need to complete and submit the CEU assessment*

*The AAPC requires a score of 70% or greater*

Visit Cahaba University's Recorded Events
Resources

• Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, Updated Manual Instructions

• Cahaba GBA Website
  http://www.cahabagba.com/

• Centers for Medicare and Medicaid Services Website
  http://www.cms.gov/

• Medicare Coverage Database
Question & Answer

• To Ask a Question:
  Dial-in number: 1-800-791-2345
  Attendee (participant) Code: 88096

For claim specific questions, please call:
Provider Contact Center 1-877-567-7271
Thank You

Thank You for Your Participation Today!

The evaluation will launch immediately upon conclusion.