

IMPORTANT INFORMATION: Revised Medicare Advanced Beneficiary Notice of Non-Coverage (ABN)

June 12, 2009

Dear Healthcare Practitioner/Provider:

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) are committed to ensuring that our practitioners and providers are kept apprised of changes that affect the way in which health care is administered.

Presbyterian would like to remind practitioners and providers of the following two items:

1. The Advanced Beneficiary Notice of Non-coverage (ABN) is a required Centers for Medicare and Medicare Services (CMS) form given by practitioners/providers to Medicare beneficiaries to convey that Medicare is not likely to provide coverage in a specific case.
2. The ABN form has been revised; use of the revised ABN form (CMS-R-131) was effective March 1, 2009.

Overview

The following overview is taken directly from “Medicare ABN Final Form Instructions 8-28-BNI” (Beneficiary Notices Initiative).

The ABN is a notice given to beneficiaries in Original Medicare to convey that Medicare is not likely to provide coverage in a specific case. “Notifiers” include physicians, providers (including institutional providers like outpatient hospitals), practitioners and suppliers paid under Part B (including independent laboratories), as well as hospice providers and religious non-medical health care institutions (RNHCIs) paid exclusively under Part A. They must complete the ABN as described below, (*please use Web link below to access instructions in their entirety*) and deliver the notice to affected beneficiaries or their representative before providing the items or services that are the subject of the notice. (Note that although Medicare inpatient hospitals and home health agencies (HHAs) use other approved notices for this purpose, skilled nursing facilities (SNFs) must use the revised ABN for Part B items and services.) Beginning March 1, 2009, the ABN-G and ABN-L will no longer be valid; and notifiers must begin using the revised Advance Beneficiary Notice of Non-coverage (CMS-R-131).

The ABN must be verbally reviewed with the beneficiary or his/her representative and any questions raised during that review must be answered before it is signed. The ABN must be delivered far enough in advance that the beneficiary or representative has time to consider the options and make an informed choice. Employees or subcontractors of the notifier may deliver the ABN. ABNs are never required in emergency or urgent care situations. 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 the original notice on file.

Effective Date

As of Monday, March 1, 2009, providers (including independent laboratories), physicians, practitioners, and suppliers were required to use the revised ABN (Form CMS-R-131) for all situations where Medicare payment is expected to be denied. The revised ABN replaces the existing ABN-G (Form CMS-R-131G), ABN-L (Form CMS-R-131L), and NEMB (Form CMS-20007).

Form and Instructions Location

The following documents can be accessed online at http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp.

- Revised ABN CMS-R-131 form (English and Spanish versions) and instructions
- Revised ABN Manual instructions
- Revised ABN CMS-R-131 Implementation Announcement

Please feel free to contact me using the information listed below. I am available Monday through Friday from 8:00 a.m. to 5:00 p.m. As always, thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,



Mark Sanchez
Training Specialist, Provider Services
(505) 923-8066
msanchez@phs.org