

Advance Beneficiary Notice (ABN) of Non-Coverage

When to Use an ABN

- The service to be provided is not likely to be covered by Medicare and is predicted to deny due to not reasonable or not medically necessary according to Medicare guidelines.
- Example: Same day duplication, transport to a routine doctor's appointment.

When Not to Use an ABN

- Never required in an emergency situation.
- If the service is not a routine Medicare benefit.
- Medicare is expected to deny due to the service not meeting a technical requirement.
- Examples: lack of required certification, ambulance used where other forms of transportation were not contraindicated.

Consequences of Not Using the ABN

If an ABN is not used in the circumstances and methods required, the provider cannot bill the patient for services not covered by Medicare.

How to Use an ABN

- Fill out the Medicare ABN form CMS-R-131 (03/08) using the instructions provided by CMS.
- Deliver the ABN to the beneficiary or his/her representative far enough in advance so that they have time to consider the options and make an informed choice.
- Before it is signed, review the form verbally with the beneficiary or representative and answer any questions that arise.
- Once the form is completed and signed, the provider must give a copy to the beneficiary or representative.
- The provider must retain the original ABN on file.