

This ALERT is only for our CLINIC Clients. Please disseminate this Medicare New Advance Beneficiary Notice (ABN) requirement to all appropriate providers and/or facility staff. Thank you.



Topic: New Medicare "Advance Beneficiary Notice" (ABN) Implementation Required

Message from Avera McKennan Compliance Department & Regional Laboratory

Attention: ALL CLINIC Clients

Effective Date: MONDAY - SEPTEMBER 1, 2008

The new ABN is effective on September 1, 2008 with a new name Advance Beneficiary Notice of NonCoverage. The Compliance department is taking the lead on facilitating the changes for Avera McKennan but unfortunately not much guidance from CMS or from Noridian exists. We have contacted both Medicare Part A and Part B educators and personally spoke with them on the completion of the ABN. With limited assistance from them, we will forge ahead with the best information we have. Below is a summary of the ABN changes. You will find 3 attachments to this communication

1) The new Avera McKennan Regional Laboratory ABN 2) Instructions for completing the ABN written by CMS 3)CMS FAQ's

Please remember it is the responsibility of the ordering provider and/or his/her facility to assess the need for the ABN at the time the test is being ordered and prior to the patient specimen being collected, assure completion of the ABN, provide the patient a copy of the ABN and submit the completed ABN at the time of test request.

The Form Changes

Listed below are the **MAJOR** changes in the form.

- 1) The new ABN combines the former ABN and the NEMB (Notice of Exclusion of Medicare Benefits) into one form. Now there are 3 options for a Medicare beneficiary to choose from.
 1. Option 1- this is to be selected by the beneficiary when Medicare may not pay. The service is billed to Medicare and the beneficiary still has appeal rights.
 2. Option 2- this is selected by the beneficiary when we know Medicare will not pay but the beneficiary chooses to have the testing completed. The service is not billed to Medicare and the beneficiary has no appeal rights. The beneficiary can pay for the service out of pocket. Register as a self-pay patient.

3. Option 3-this is selected when the beneficiary does not want the service.
- 2) The new ABN eliminated the ABN-L into a single notice with the same CMS form number.
- 3) The **cost estimate field is now mandatory.**

Additional Reference Information on CMS Website:

If you would like to do some research and reading on your own, here is the link to the information on the CMS website. Follow the link and select FFS ABN-G and ABN-L on the top left hand side.

<http://www.cms.hhs.gov/BNI>

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