



# Jurisdiction D DME MAC Provider Outreach and Education

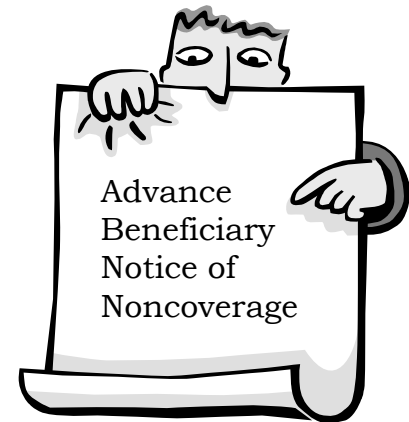


# **Advance Beneficiary Notice of Noncoverage**

*Presented by  
Jurisdiction D DME MAC  
Outreach and Education Department  
February 2009*

# Agenda

- Definition and Purpose of an ABN
- Acceptable and Unacceptable ABN
- Changes to the ABN
- Completing the ABN
- Signatures
- Modifiers
- Upgrades
- Resources and Updates



# Advance Beneficiary Notice of Noncoverage (ABN)

- Written notice of noncoverage
  - Informs beneficiary Medicare may not pay for an item
- Allows beneficiary to make informed decision whether to receive the item
  - Beneficiary liable for payment
- Protects supplier from liability

# Current Acceptable ABNs

- Old form - CMS-R-131-G
  - Valid until March 1, 2009
- Revised ABN - CMS-R-131
  - Combines ABN-G, ABN-L, and NEMB
  - Effective March 3, 2008
  - Only valid ABN on or after March 1, 2009

# Acceptable and Unacceptable ABN

# ABN Standards

- Must meet readability requirements
- Use an approved standard form (CMS-R-131)
- Specificity, Delivery and Receipt, Timeliness
  - Item must be clearly written
  - Written in terms beneficiary or authorized representative can understand
  - Delivered to beneficiary by qualified notifier before item is furnished

# Unacceptable ABN

- Unreadable or illegible
- Beneficiary incapable of understanding the ABN
- ABN given to beneficiary during an emergency, under duress, coerced or misled
- Giving routine notices
  - Medicare may not pay for item
- ABN delivered to beneficiary more than one year before item was furnished



# Defective Notices

- Routine ABN
  - No specific, identifiable reason to believe Medicare will not pay
- Generic ABN
  - Stating Medicare “may not pay”
- Blanket ABN
  - Giving ABNs for all claims for items
- Signed blank ABN
  - Obtaining beneficiary signature on blank ABN, completing ABN later

# Mandatory ABN Uses

- Services which are always denied for medical necessity
- Frequency limited items
- Denial of advanced determination of medicare coverage (ADMC)
- Certain instances of upgrades
- Supplier had no Medicare supplier number
- Supplier made an unsolicited telephone contact

# Voluntary Use ABN – Statutorily Excluded Items\*

- Eyeglasses or contact lenses
  - Except following cataract removal or other causes of aphakia
- DME and related accessories/supplies provided in nursing facilities
- Personal comfort items
- Orthopedic shoes or shoe inserts
  - Other than those covered under the therapeutic shoes for diabetics benefit or those that are attached to a covered leg brace

\*not all inclusive

# Voluntary Use ABN – Does Not Meet Definition of a Medicare Benefit\*

- Parenteral/enteral nutrients when used to treat a temporary condition or when administered orally
- Infusion drugs not administered through an infusion pump
- Surgical dressings used to clean wounds or intact skin or provide protection to intact skin
- Irrigation supplies used to irrigate the skin or wounds
- Immunosuppressive drugs used for conditions other than following organ transplants

# Voluntary Use ABN - Does Not Meet Definition of a Medicare Benefit\* (2)

- Most oral drugs
- Oral anticancer drugs when there is no injectable or infusion form of the drug
- Nondurable items not covered under any other benefit category
- Durable items not primarily designed to serve a medical purpose

\*(not all-inclusive)

Revised ABN  
Changes and Instruction

# Changes to the Revised ABN

- Format changes
- May be used for voluntary notification situations
  - Items that are not Medicare benefits
  - Eliminates the need for the Notice of Exclusion of Medicare Benefits (NEMB)
- Must complete estimated cost
- Additional beneficiary option

# Revised ABN Instructions

- Use only an OMB-approved ABN (CMS-R-131)
- ABNs must be reproduced on a single page
- May be typed or hand-written
- Blanks (A)-(F), and (H) may be completed prior to delivery
- Must be verbally reviewed with beneficiary
- Delivered in advance
- Beneficiary receives copy, notifier keeps original
- May include voluntary notification for items that are not Medicare benefits



# ABN Header

(A) Notifier(s):

(B) Patient Name: *Jane A Doe*

(C) Identification Number:

## ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

- Blank A
  - Notifiers name, address, telephone number
- Blank B
  - Beneficiary's name as listed on Medicare card
- Blank C
  - Internal identification number
    - Cannot use Medicare or social security number

# ABN Body

## ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

**NOTE:** If Medicare doesn't pay for **(D) Item** 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) Item** below.

<b>(D) Item</b>	<b>(E) Reason Medicare May Not Pay:</b>	<b>(F) Estimated Cost:</b>
<ul style="list-style-type: none"><li>•Enter specific item</li><li>•Enter frequency and/or duration of item</li></ul>	Enter reason Medicare may not pay for item	Enter reasonable estimated cost

# ABN Options

**(G) OPTIONS:** Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the **(D)**\_\_\_\_\_ 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)**\_\_\_\_\_ 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)**\_\_\_\_\_ listed above. I understand with this choice I am **not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

# ABN Additional Information and Signature

**(H) Additional Information:**

**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:** *Jane A. Doe*

**(J) Date:** *January 1, 2009*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (03/08)

Form Approved OMB No. 0938-0566

# Who May Sign an ABN?

- The beneficiary
- If beneficiary is incapable or incompetent
  - Authorized representative
    - Individual under state law authorized to make health decisions
  - The spouse, unless legally separated
  - An adult child
  - A parent
  - An adult sibling
  - A close friend
    - “An adult who has exhibited special care/concern for the patient, who is familiar with the patient’s personal values, and who is reasonably available”

# ABN Modifiers

- GA – Supplier has waiver of liability statement on file
- GY – ABN used for non-covered item
  - Statutorily excluded item
  - Does not meet definition of a Medicare benefit
- GZ – ABN not obtained or ABN is invalid
- GK – Actual item ordered by physician
- GL – Medically unnecessary upgrade provided instead of standard item, no ABN on file

**Reminder:** Never use the GA and GY modifiers on same line

<b>Upgrades-- When ABN is Required</b>	<b>ABN</b>	<b>Modifier</b>	<b>Beneficiary Pays for Upgrade</b>
<b>Physician orders upgrade:</b>			
Supplier provides upgrade free of charge	No	GL	No
Supplier bills beneficiary for upgrade	Yes	GA/GK	Yes
<b>Patient requests upgrade:</b>			
Supplier provides upgrade free of charge to beneficiary	No	GZ/GK	No
Supplier bills beneficiary for upgrade	Yes	GA/GK	Yes
<b>Supplier provides upgrade for supplier convenience</b>			
Supplier provides upgrade free of charge to beneficiary	No	GL	No

# ABN Resources

- Medicare Claims Processing Manual
  - Chapter 30 – Financial Liability Protections
- Change request 6136, Transmittal 1587
  - <http://www.cms.hhs.gov/Transmittals/downloads/R1587CP.pdf>
- Revised ABN Form and Instructions
  - <https://www.noridianmedicare.com/dme/forms>
  - [http://www.cms.hhs.gov/BNI/02\\_ABNGABNL.asp](http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp)



# Other Resources and Reminders

# Medicare Learning Network (MLN)

- MLN Product and Resource Guide
  - <http://www.cms.hhs.gov/ContractorLearningResources/Downloads/ProductResourceGuide.pdf>
- Official CMS national provider education products
  - MLN Matters
  - Brochures
  - Fact sheets
  - Web-based training
  - Video programs



# Accreditation

- All new suppliers must be accredited now
  - January 1, 2008 and forward
- All other suppliers must be accredited by September 30, 2009
  - NSC enrolled suppliers prior to January 1, 2008
- To retain billing privileges, the NSC must receive accreditation documentation by October 1, 2009

# DMEPOS Accreditation

## Exempt and Non-Exempt

### **Exempt from accreditation**

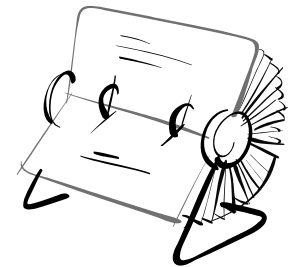
- Prosthetists (including Occularists)
- Suppliers providing drugs and pharmaceuticals *ONLY*
- Physicians (including Dentists)
- Occupational & Physical Therapists
- Audiologists
- Optometrists & Opticians
- Orthotists

### **Not included on exemption**

- Mastectomy fitters
- Orthopedic fitters/technicians
- Athletic trainer
- Pedorthotist
- Pharmacies who dispense items other than drugs or biologicals

# Contact Information

- **Supplier Contact Center**
  - 8:00 a.m. – 5:30 p.m. CT M-F
  - 1-866-243-7272
- **Interactive Voice Response (IVR)**
  - 24/7
  - 6:00 a.m. – 6:00 p.m. CT M-F (for claims status/eligibility)
  - 1-877-320-0390
- **Telephone Reopenings**
  - 8:00 A.M. – 4:00 P.M. CT M-F
  - 1-888-826-5708
  - Fax: 1-888-408-7405



# Web Site Satisfaction Survey

# Comprehensive Error Rate Testing (CERT)

- Randomly selected claims
- Medical records requested
- Claims and records reviewed for compliance
  - Coverage
  - Coding
  - Billing rules

# CERT

- Avoid CERT errors:
  - Be familiar with LCDs
  - Educate staff to respond to CERT documentation requests
  - Train coders/billers
  - Verify accuracy of documentation
  - Medical records must be legible and complete



# CERT

- Primary CERT Errors
  - Insufficient documentation
  - Services coded incorrectly
  - Medically unnecessary
  - No documentation provided
- High CERT Areas
  - Glucose Monitor and Testing Supplies
  - Hospital Beds
  - Manual Wheelchairs
  - Continuous Positive Airway Pressure

# Supplier Manual

- Chapters 11, 12, 13, 15 and 17 recently updated
- Chapter 15 (previously Resources) now in Appendix
- Chapter 15 is now Overpayments and Refunds
- All chapters available in HTML (web) version
- Goal to add PDF version of each chapter
  - PDF version will be updated quarterly
  - HTML version updated real-time

# Stay in Touch with NAS



**Durable Medical Equipment**

Medicare Administrative Contractor (MAC) Jurisdiction D

AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE,  
NV, ND, OR, SD, UT, WA, WY,  
Am. Samoa, Guam, N. Mariana Islands

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## News / Publications

- What's New / Latest Updates
- Supplier Manual
- Competitive Bidding**
- Bulletins
- All News/Publications

## Fees

- 2009 Fees
- DMEPOS Archive
- Drug Fee Archive
- OACD Archive
- Nutrition Fee Archive

## Enrollment

- How to Enroll with NSC
- CMS 855S Medicare Enrollment Application
- Supplier Accreditation
- NPI Cross-Walking, Registry, Denials
- 25 Supplier Standards
- Electronic Funds Transfer
- All Supplier Enrollment

## Appeals

- Request a Reopening [PDF]
- Request a Redetermination [PDF]
- Documentation Guide for Redeterminations
- Redeterminations Time Limit Calculator
- All Appeals Information

## Claims

- Instructions for Completing the Claim Form
- Submitting Claims Electronically
- Medicare Secondary Payer
- Submitting Overpayments
- Claim Adjustment Reason Codes
- Remittance Advice Remark Codes
- All Claims Filing Information

## Forms

- Request a Reopening [PDF]
- Request a Redetermination [PDF]
- Refund NAS DME [PDF]
- MSP Inquiry and Refunds [PDF]
- Advance Beneficiary Notice of Noncoverage [PDF]
- CMS-1016E

## Search Guide

## Online Learning Center

Check out our new Online Learning Center

- take quizzes
- complete lessons
- review resources
- certificates of completion

## Schedule of Events

- View Calendar

## Sign-up for DME Email List

- Join Now!

## Supplier Contact Center and Telephone Reopening Closures

- January 9 for CMS-approved training from 8 a.m. - 12 p.m. (Supplier Contact Center only)
- January 19 for CMS-approved training from 8 a.m. - 12 p.m. (Supplier Contact Center only)

## What's New - read more

- 2009 MACS Survey

# Upcoming Events

- National Home Infusion Association Conference-  
March 1-3, Baltimore
- California Association of Medical Product  
Suppliers (CAMPS), March 4-5
- Medtrade, March 25-26, Las Vegas
- VGM Heartland, June 8-11, Waterloo, IA
- Ask the Contractor
- Web-based Workshops
- Face to Face Workshops-TBA

# Questions



# Workshop Post Test and Survey

- Feedback
  - Online workshop method
  - Presentation
- Suggest future topics
- Provide comments
- Fax to 701-433-3166 or
- E-mail to [peggy.sorge@noridian.com](mailto:peggy.sorge@noridian.com)



*Thank you  
for attending*