UCLA Health Ambulatory Practices
Revenue Policy and Procedure

Policy Name: Advance Beneficiary Notice		
Policy #: 013	**Developed Date: Dec 2015**	**Approved Date:**
Approved By:	**Revision Date:03/2016**	**Revised By:**

I.   Purpose

To adequately advise patients of their financial responsibility for Medicare non-covered services.

II.   Policy

Complete understanding of financial responsibility is essential for each patient. UCLA Health Ambulatory Practices policy requires that all Medicare patients sign the *Advanced Beneficiary Notification form* prior to receiving non-covered medical services. This should be completed in the event of *Initiation* (new patient consultation), **Reductions** (decrease in treatment frequency and/or duration) and **Terminations** (termination of benefits). The ***Advanced Beneficiary Notification form*** confirms that patients understand services being provided are necessary and appropriate, but not a covered service according to the Medicare Guidelines. The ***Advanced Beneficiary form*** also advises patients of their right to appeal Medicare, refuse services, and of their financial responsibility for the non-covered medical services received.

013 CMS – Advanced Beneficiary Notice – Medicare (ABN) Form Policy Standard Operating Procedure

Procedure

A. Advance Beneficiary Notification Form:

Medicare limits coverage of certain items and services by the diagnosis. If the diagnosis on the claim is not one Medicare covers for the item or service, Medicare will deny the claim. An ABN must be issued prior to furnishing a usually covered item or service when the diagnosis doesn't support medical necessity.

Limited coverage may result from National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). Medicare expects you to know both current NCDs and LCDs. NCDs describe whether Medicare pays for specific medical items, services, treatment procedures, or technologies. In the absence of an NCD, LCDs indicate which items and services Medicare considers reasonable, medically necessary, and appropriate. In most cases, the availability of this information indicates you knew, or should have known, Medicare would deny the item or service as not medically necessary.

The Medicare Coverage Database (MCD)

http://www.cms. gov/Medicare-Coverage-Database

Published NCDs

http://www.cms.gov/ Regulations-and-Guidance/Guidance/Manuals/Internet- Only-Manuals-IOMs-Items/CMS014961.html

This form should be completed for each visit if needed.

B. Advance Beneficiary Notification Form
The ABN can be located on the "UCLA Faculty Practice Group → Clinical Systems "Forms Portal"

UCLA Health Resources

Medical References
- PubMed Medline
- Harrison's On-Line
- STAT! Ref Medical Ref.
- Lab and Formulary Manual
- Micromedex (MDX)
- Biomedical Library
- Pain Management
- UpToDate-CME (AD login required)
- UpToDate
- Zynx Health
- Thieme ElectronicBook Library
- DynaMed
- VisualDX
- Psychiatry Online
- CDC Vaccine Information Statements
- NeoFax/Pediatrics

Clinical Systems
- CareConnect Local
- CareConnect Remote
- Internet Explorer for Windows XP
- Forms Portal
- Krames Patient Engagement
- Nursing - Staff Information
- Graduate Medical Education (GME)
- PHI Tracking System
- Sepsis
- Antimicrobial Stewardship Program
- iCAP
- Image Viewer
- Signout
- Historical Lab Results (pre 01/01/2006)
- eReferral
- Life Image

English – 11269
Spanish – 11269a
Commercial – 16380

C. When to have a patient Sign an Advanced Beneficiary Notification (ABN):

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.

D. Completing the Advanced Beneficiary Notification (ABN)

The ABN consists of 5 sections and 10 blanks, which must appear in the following order from top to bottom. The letters refer to the corresponding blanks in the ABN form that you or the beneficiary must complete. The letters are for guidance purposes and should be removed from the ABN prior to issuance.

1. **Notifier(s) (A)** Place your name, address, and telephone number at the top of the ABN.
2. **Patient Name (B)** You must enter the first and last name of the beneficiary receiving the ABN. You should also use the middle initial if it appears on the beneficiary's Medicare card.
3. **Identification Number (C)** This field is optional and can include an identifier such as a medical record number or date of birth.

4. **Body (D)** List the general description of what you believe may not be covered by Medicare on the blank lines of the "NOTE." A commonly used descriptor for blank D is "Items/services."

5. **Table (D, E, F)**

6. **Blank (D)** For the table header, insert the same general description language as used in the "D" blanks in the paragraph above. In the table, list the specific items or services believed to be non-covered.

7. **Reason Medicare May Not Pay (E)** Explain in beneficiary-friendly language why you believe Medicare may not cover each item or service.

8. **Estimated Cost (F)** You must complete the Estimated Cost block to ensure the beneficiary receives all available information to make an informed decision about whether to obtain potentially non-covered services. In general, Medicare expects the estimate will fall within $100 or 25 percent of the actual costs, whichever is greater.

9. **Options (G)** The beneficiary, or his or her representative, must choose only one of the three options listed.

   □ **Option 1:** The beneficiary wants to get the item or services at issue and accepts financial responsibility. He or she agrees to make payment now, if required. **You must submit a claim to Medicare that will result in a payment decision that the beneficiary can appeal.**

   □ **Option 2:** The beneficiary wants to get the item or services at issue and accepts financial responsibility. He or she agrees to make payment now, if required. When the beneficiary chooses this option, you do not file a claim, and there are no appeal rights. You will not violate mandatory claims submission rules under Section 1848 of the Social Security Act (the Act) when you do not submit a claim to Medicare at the beneficiary's written request.

   □ **Option 3:** The beneficiary does not want the care in question and cannot be charged for any items or services listed. You do not file a claim, and there are no appeal rights.

10. **Additional Information (H)** This space to provide additional clarification or information that may be useful to the beneficiary.

11. **Signature and Date Box (I, J)** Once the beneficiary reviews and understands the information contained in the ABN, the beneficiary, or his or her representative, should complete the Signature and Date box.

E. Beneficiary Refuses to Complete or Sign the *Advanced Beneficiary Notification Form (ABN)*

If the beneficiary refuses to choose an option or refuses to sign the ABN, you should annotate the original copy of the ABN indicating the refusal to sign or choose an option. If a beneficiary refuses to sign a properly issued ABN, you should consider not furnishing the item or service unless the consequences (health and safety of the beneficiary or civil liability in case of harm) prevent this option.

F. Signed Advanced Beneficiary Notification Form

A copy of the signed form should be given to the patient and a copy retained in the patient's records.

G. Non-Medicare patients

For Non-Medicare patients (commercial), a generic "Letter of Financial Responsibility" form can be used for non-covered services.