



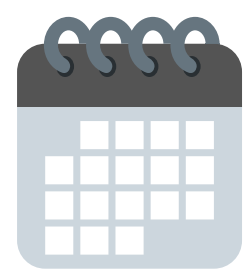
FAST FACTS: ABN FORM

The **Advance Beneficiary Notice of Noncoverage (ABN)**, Form CMS-R-131, is issued by providers to Original Medicare (Part B) beneficiaries in situations where Medicare payment is expected to be denied.

WHEN IS IT ISSUED TO THE PATIENT?



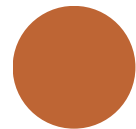
When *Active Treatment* has ended and *Maintenance Therapy* begins. The patient's signature (Box I) and signed date (Box J) should correlate to the timeframe when the patient enters *Maintenance Therapy*.



If the patient's condition returns to *Active Treatment*, the form should remain in the patient's medical record, but is no longer valid for future *Maintenance Therapy* visits.



A new ABN form must be issued if the patient's condition returns to *Maintenance Therapy*.



The form should be kept on file in accordance with the Michigan Medical Records Retention Act (Public Act 481 of 2006).

MANDATORY ABN USAGE

The ABN form must be given when Medicare is expected to deny payment for a contractually covered service (*for chiropractic: 98940-98942*) because it is not reasonable and necessary under Medicare Program standards (*i.e. does not meet Medicare's definition of active treatment to treat acute or chronic subluxation*).

ABNs are not required for services that are statutorily excluded from Medicare coverage (*for chiropractic: E/M service, X-rays, modalities, therapies, etc.*).

BENEFICIARY OPTIONS

Beneficiaries cannot be instructed as to which option to check.

Only one box can be checked.



OPTION 1

Allows the beneficiary to *receive the covered, non-payable service and pay out-of-pocket*. Requires the doctor to submit a claim to Medicare. A payment decision can be appealed. Secondary insurance can be billed. Append the GA modifier to chiropractic manipulation code (98940-98942) and remove the AT modifier.



OPTION 2

Allows the beneficiary to *receive the covered, non-payable service and pay out-of-pocket*. No claim will be filed and Medicare will not be billed. An appeal cannot be made.



OPTION 3

Documents the beneficiary's choice to *not receive the covered, non-payable service*. By checking this box, the beneficiary understands that this service will not be provided.

- Only healthcare providers and suppliers who are **enrolled in Medicare** can issue the ABN to beneficiaries.
- There are additional instructions for **Non-Par Providers** and **Dually-Eligible** patients (*enrolled in Medicare and Medicaid*).
- The ABN form is not intended for **Medicare Advantage (Part C)** patients. Refer to the payers' provider manuals for guidelines on providing non-covered services to these patients.



DOWNLOAD THE ABN FORM & INSTRUCTIONS

<https://www.cms.gov/medicare/medicare-general-information/bni/abn>