

USING THE MEDICARE ABN FORM

By Melissa Romanelli

The Medicare ABN (Advanced Beneficiary Notification) is documentation that a service you are providing is not anticipated to be covered by Medicare. These services could include:

- Radiologic services in a chiropractic setting;
- Physical Therapy services above the annual benefit limits;
- Any service for a non-acute condition;

The purpose of the ABN is to inform the patient that certain services may not be covered. The patient then has the right to refuse services that will be paid for by the patient directly. The ABN should be reviewed with the patient for signature before services are rendered.

There are times when a service covered by an ABN will actually be paid by Medicare. And as long as the ABN is not used for every service, this is acceptable. But a patient cannot be billed for a service directly if an ABN is not in place.

Some other important ABN guidelines include:

1. Do not have the patient sign an ABN unless you have a realistic doubt that the service will not be covered.
2. Do not use a generic ABN. The ABN signed by the patient must clearly identify the service that will be denied and the reason for the anticipated denial.
3. Do not allow Medicare patients to sign a blank ABN. This is strictly against Medicare policy.
4. Do not use "blanket" ABN's to cover a variety of services. Have the patient sign the ABN for each applicable service.

It is very important to not use the ABN in circumstances when payment should be anticipated. Simply stating that Medicare "never pays" is not a reasonable use of the ABN for Medicare participating providers.