

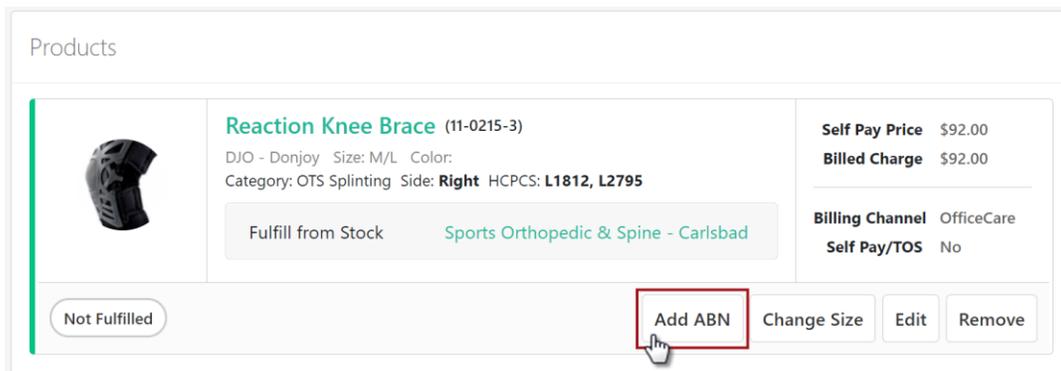
# COMPLETING A MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)



A Medicare Advance Beneficiary Notice of Noncoverage, or ABN, can be added as needed to Medicare Patient Agreements (PAs). Follow the steps outlined below to complete and add an ABN to a PA.

After a Patient Agreement has been created, add a product and the Payment Method 'Medicare,' click the **'Add ABN' button** at the bottom of the product section.

**NOTE:** The Add ABN button will only appear if a Medicare Payment Method is selected. Additionally, if there is more than one product on the PA, the 'Add ABN' button will be present on each product, allowing the user to complete ABNs on individual products as needed



Once the 'Add ABN' button is clicked, the ABN page will open. Clinical users should only complete the **'Reason(s) Medicare May Not Pay'** section, selecting the applicable checkboxes.

**Note:** Certain information like, patient name, product details and the billed charge will auto-populate

Patient Agreements / Bob Cobb / Advance Beneficiary Notice

## Advance Beneficiary Notice of Noncoverage (ABN) New

 **Notifier:** DJO Global  
1430 Decision Street, Vista, CA 92081

**Patient Name:** Bob Cobb **Identification Number:** 592405

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### Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the 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 item below.

Product	Reason(s) Medicare May Not Pay	Estimated Cost
<b>Name:</b> Reaction Knee Brace <b>SKU:</b> 11-0215-3 <b>HCPCS Codes:</b> L1812, L2795	<input type="checkbox"/> Medicare does not pay for this item or service for your condition. <input type="checkbox"/> Medicare does not pay for this item or service as often as this (denied as to frequency). <input type="checkbox"/> Medicare does not pay for products or services considered experimental. <input type="checkbox"/> Other: <input type="text"/>	\$92.00

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From this point on the **Patient** needs to complete the remainder of the ABN. Present the ABN page to the Patient and instruct them to start reading the **'What You Need to do Now'** instructions and through the Options available section. Instruct the patient to click on their desired **Option** once they've decided.

## WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the item listed above. (**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.)

### OPTIONS: Check only one box. We cannot choose a box for you.

- Option 1.** I want the item 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 item 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 item listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

### Additional Information:

After the Patient has selected their preferred Option have them **Sign** in the Signature capture box. Click the **Create ABN button** to save the ABN and go back to the PA.

**Note:** The Create ABN button cannot be clicked until the signature has been applied to the form. If the patient is not satisfied or makes a mistake while signing, click the **Clear button** to clear the signature box so the patient can retry

**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.

X 

 Clear

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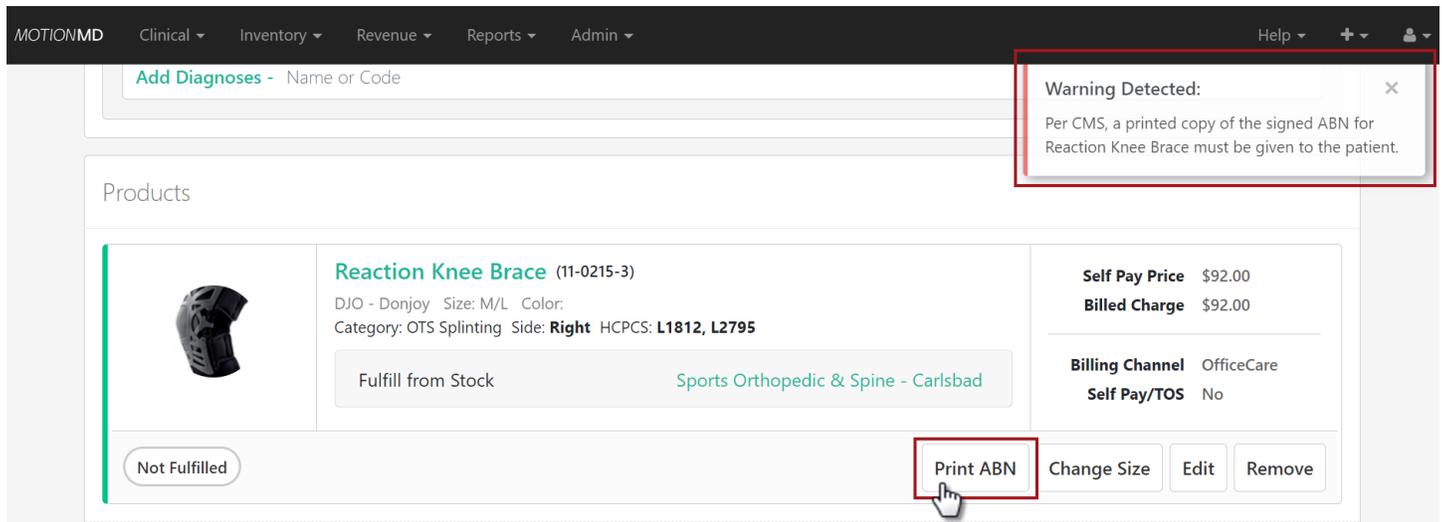
Form CMS-R-131 (Exp. 6/30/2023)

Form Approved OMB No. 0938-0566



# COMPLETING A MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

After returning to the PA, an **Early Warning Notification** will appear on the page alerting users that the ABN must be printed and provided to the patient. CMS prohibits the electronic delivery of a completed ABN to a Medicare Beneficiary. Click the **Print ABN button** within the product section and provide the completed hard copy to the patient.



Patient Agreements with completed and attached ABNs can be found by filtering the PA or BS tab by **Has ABN**, found in the Additional Filters section. Products with ABNs show an ABN pill when the PA is in the expanded view.

**Note:** The Patient Agreement Billing Doc will include a copy of the completed ABN

