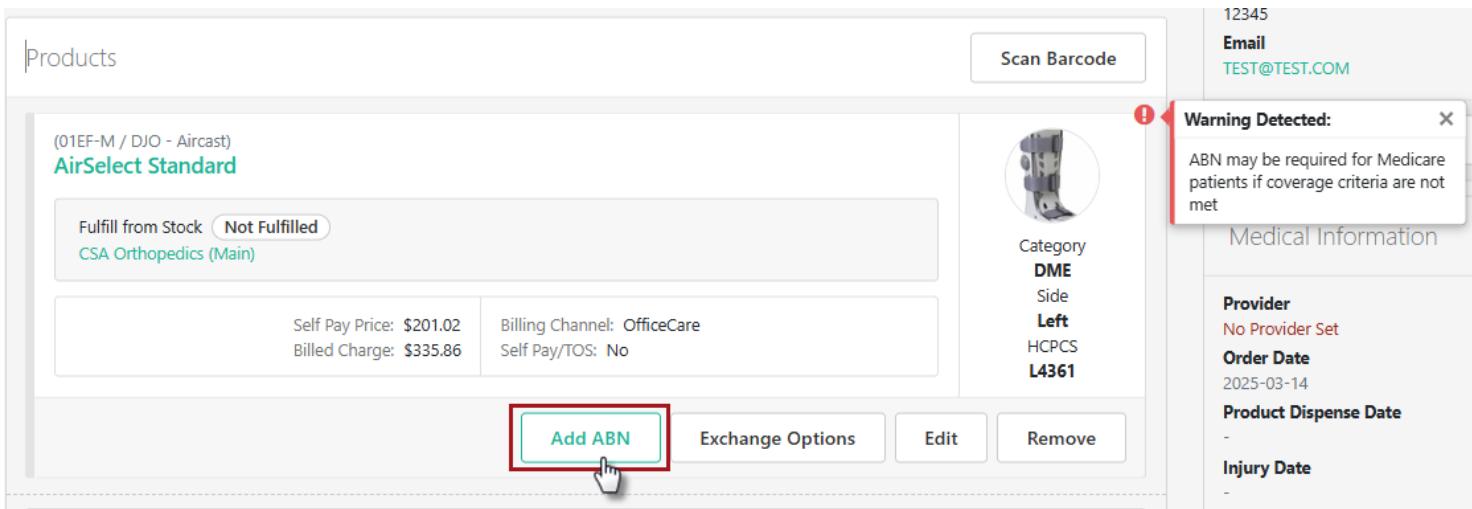


## COMPLETING A MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

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.

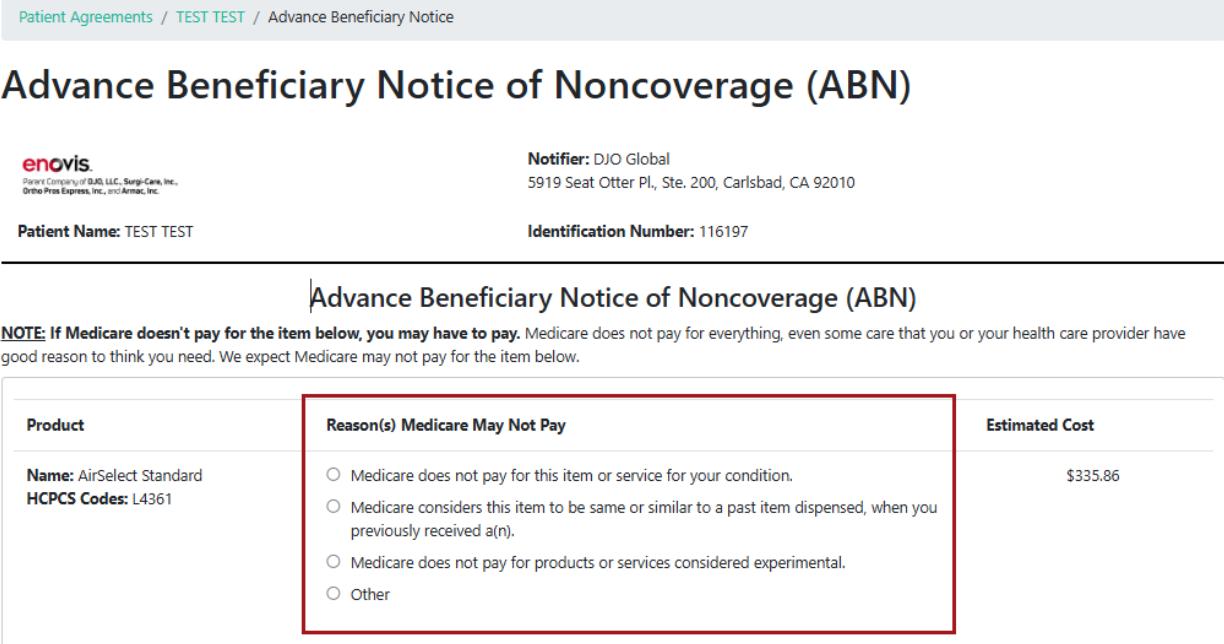
**NOTE:** The Add ABN button will only appear if a Medicare Payment Method is selected. Additionally, if there is more than one product on the PA, the 'Add ABN' button will be present on each product, allowing the user to complete ABNs on individual products as needed. To assist users a Warning is associated with a product that may require an ABN for Medicare patients.



The screenshot shows a software interface for managing medical products. On the left, a 'Products' section displays a product detail for 'AirSelect Standard'. The product image is a knee brace. To the right of the product details, a 'Warning Detected' box is open, stating: 'ABN may be required for Medicare patients if coverage criteria are not met'. Below the warning, there are sections for 'Medical Information', 'Provider', 'Order Date', 'Product Dispense Date', and 'Injury Date'. At the bottom of the product detail section, there are buttons for 'Add ABN', 'Exchange Options', 'Edit', and 'Remove'. The 'Add ABN' button is highlighted with a red box and a cursor is hovering over it.

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



The screenshot shows the 'Advance Beneficiary Notice of Noncoverage (ABN)' page. At the top, there are navigation links: 'Patient Agreements / TEST TEST / Advance Beneficiary Notice'. Below the navigation, the title 'Advance Beneficiary Notice of Noncoverage (ABN)' is displayed. On the left, there is a logo for 'enovis' and the text 'Patient Name: TEST TEST'. On the right, the 'Notifier' is listed as 'DJO Global' with the address '5919 Seat Otter Pl, Ste. 200, Carlsbad, CA 92010'. Below this, the 'Identification Number' is '116197'. A horizontal line separates this information from the main content. The main content is titled 'Advance Beneficiary Notice of Noncoverage (ABN)'. A note below it states: '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.' Below this note, there is a table with three columns: 'Product', 'Reason(s) Medicare May Not Pay', and 'Estimated Cost'. The 'Product' row shows 'Name: AirSelect Standard' and 'HCPCS Codes: L4361'. The 'Reason(s) Medicare May Not Pay' row contains five checkboxes, with the first three checked: 'Medicare does not pay for this item or service for your condition.', 'Medicare considers this item to be same or similar to a past item dispensed, when you previously received a(n).', and 'Medicare does not pay for products or services considered experimental.' The 'Estimated Cost' row shows '\$335.86'.

## COMPLETING A MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

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 and then select **Apply Today's Date**. 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 Signature** 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 may ask to receive a copy.

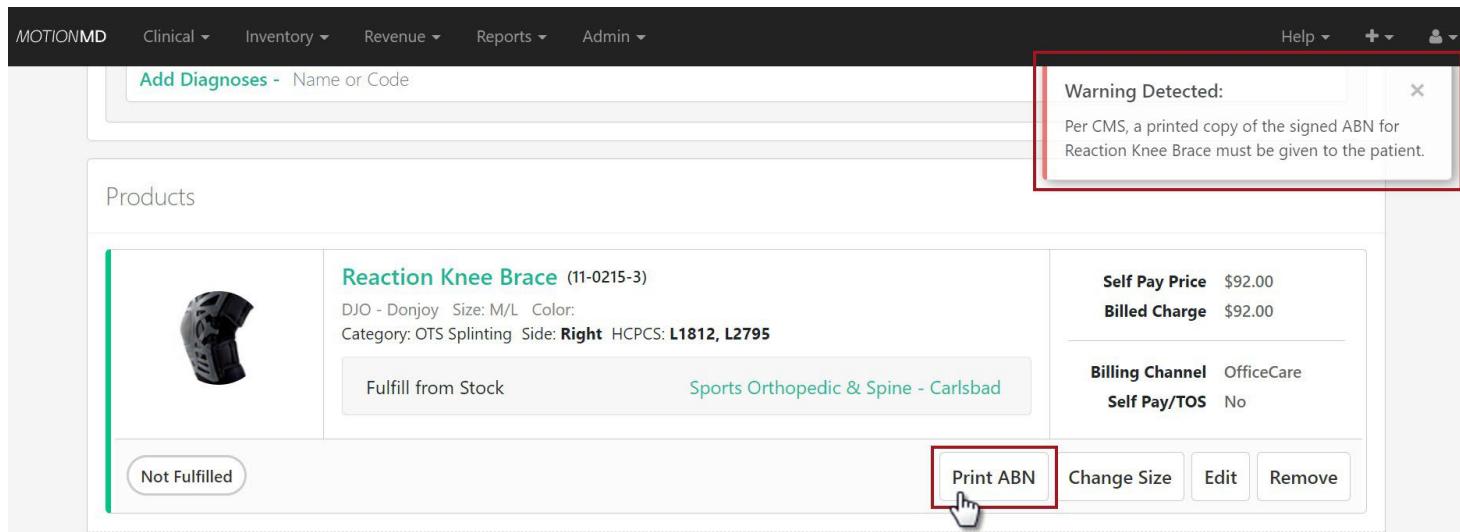
Date Signed:

**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](#).**

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.

## 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.



MOTIONMD Clinical ▾ Inventory ▾ Revenue ▾ Reports ▾ Admin ▾ Help ▾ + ▾ Profile

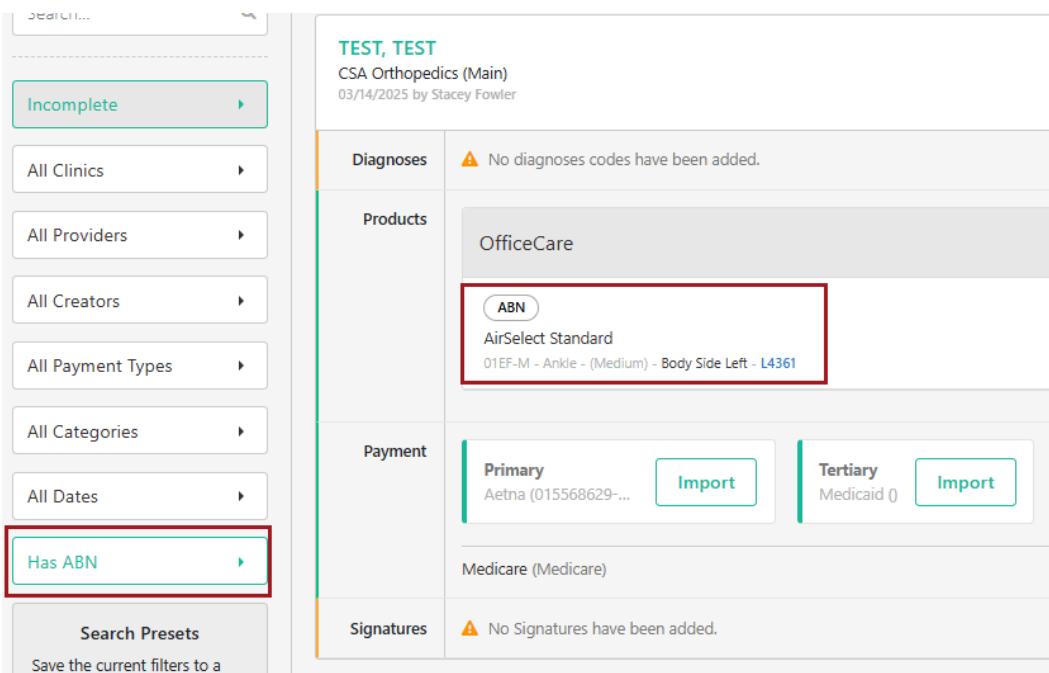
Add Diagnoses - Name or Code

Products

	<b>Reaction Knee Brace</b> (11-0215-3) DJO - Donjoy Size: M/L Color: Category: OTS Splinting Side: <b>Right</b> HCPCS: <b>L1812, L2795</b>	<b>Self Pay Price</b> \$92.00 <b>Billed Charge</b> \$92.00
Fulfill from Stock Sports Orthopedic & Spine - Carlsbad		<b>Billing Channel</b> OfficeCare <b>Self Pay/TOS</b> No
Not Fulfilled		<b>Print ABN</b>  Change Size Edit Remove

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.



Search...

Incomplete

All Clinics

All Providers

All Creators

All Payment Types

All Categories

All Dates

**Has ABN**

Search Presets

Save the current filters to a

**TEST, TEST**  
CSA Orthopedics (Main)  
03/14/2025 by Stacey Fowler

**Diagnoses** No diagnoses codes have been added.

**Products** OfficeCare

**ABN**  
AirSelect Standard  
01EF-M - Ankle - (Medium) - Body Side Left - L4361

**Payment**

**Primary** Aetna (015568629-...) **Import**

**Tertiary** Medicaid (0) **Import**

Medicare (Medicare)

**Signatures** No Signatures have been added.