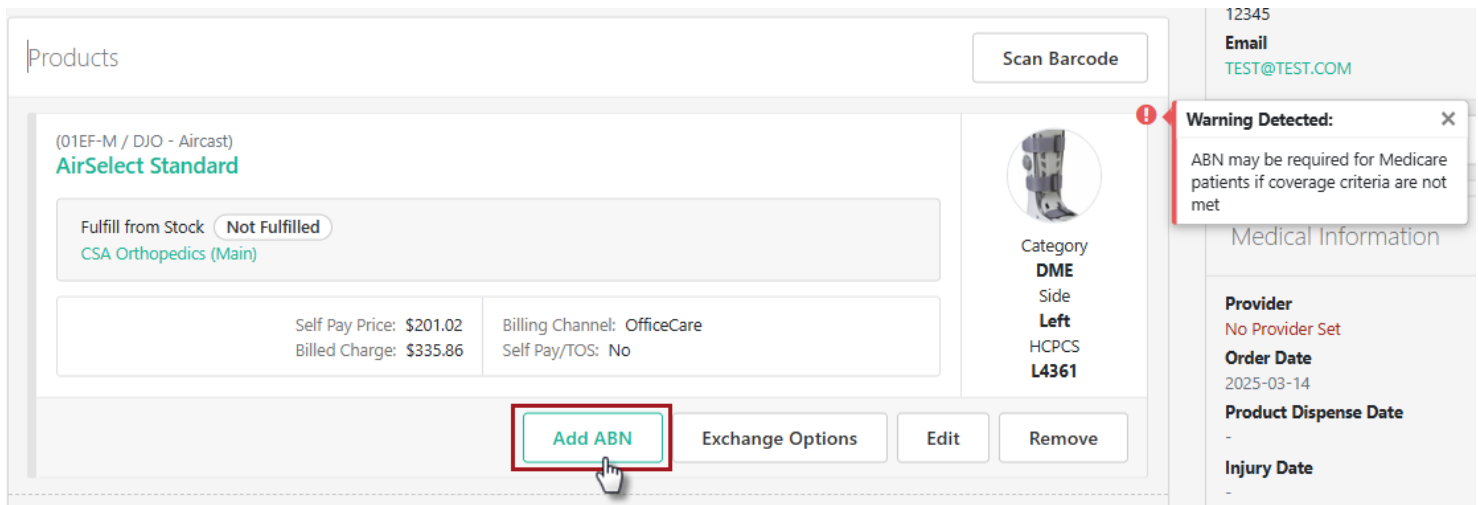


## COMPLETING A MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

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.



Products

Scan Barcode

(01EF-M / DJO - Aircast)  
**AirSelect Standard**

Fulfill from Stock **Not Fulfilled**  
CSA Orthopedics (Main)

Self Pay Price: \$201.02  
Billed Charge: \$335.86

Billing Channel: OfficeCare  
Self Pay/TOS: No

Category  
DME  
Side  
Left  
HCPCS  
L4361

**Add ABN** Exchange Options Edit Remove

Warning Detected: X  
ABN may be required for Medicare patients if coverage criteria are not met

Medical Information

Provider  
No Provider Set

Order Date  
2025-03-14

Product Dispense Date  
-

Injury Date  
-

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 / TEST TEST / Advance Beneficiary Notice

## Advance Beneficiary Notice of Noncoverage (ABN)

**enovis**  
Div of Company of DJO LLC, Surgi-Care, Inc., Ortho-Pro Express, Inc., and Armac, Inc.

**Notifier:** DJO Global  
5919 Seat Otter Pl., Ste. 200, Carlsbad, CA 92010

**Patient Name:** TEST TEST

**Identification Number:** 116197

### 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> AirSelect Standard <b>HCPCS Codes:</b> L4361	<input type="radio"/> Medicare does not pay for this item or service for your condition. <input type="radio"/> Medicare considers this item to be same or similar to a past item dispensed, when you previously received a(n). <input type="radio"/> Medicare does not pay for products or services considered experimental. <input type="radio"/> Other	\$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.

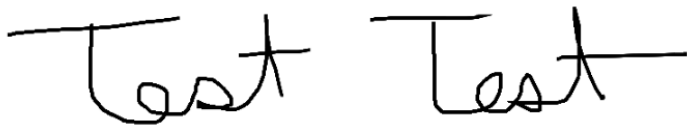
- ☐ **Option 1.** I want the item listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** 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: Apply Today's Date Clear Signature

**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](https://www.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.

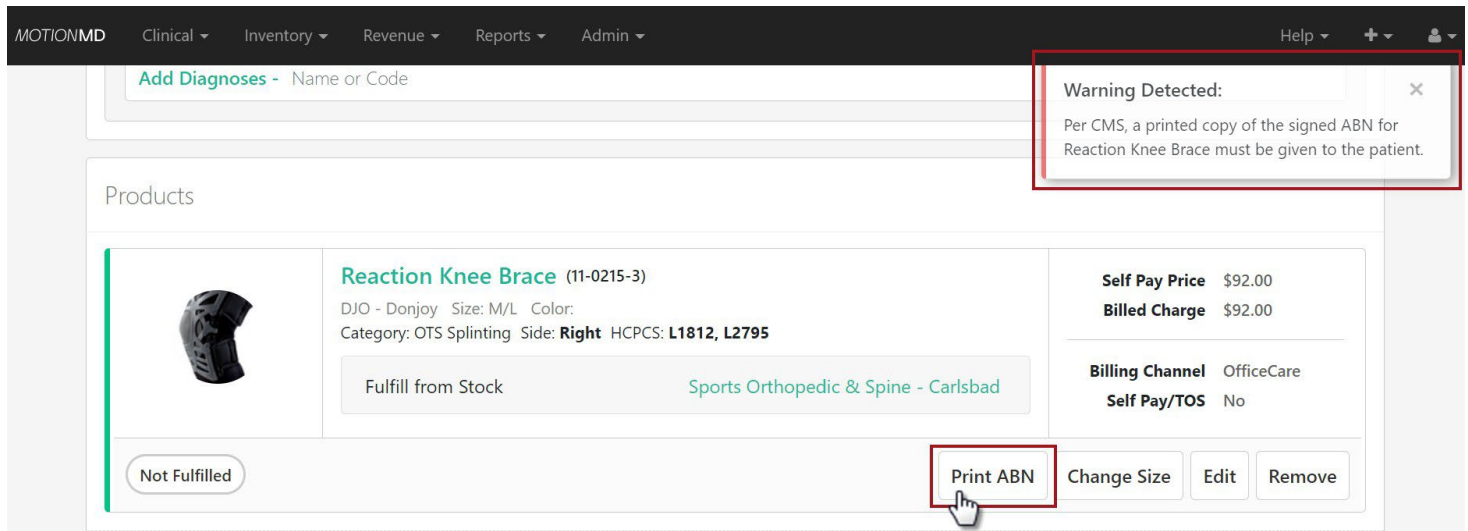
Form CMS-R-131 (Exp. 01/31/2026)

Form Approved OMB No. 0938-0566

Create ABN

## 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.



The screenshot shows the MOTIONMD interface with a top navigation bar (Clinical, Inventory, Revenue, Reports, Admin) and a search bar. A warning notification is displayed in the top right corner:

**Warning Detected:** [X]

Per CMS, a printed copy of the signed ABN for Reaction Knee Brace must be given to the patient.

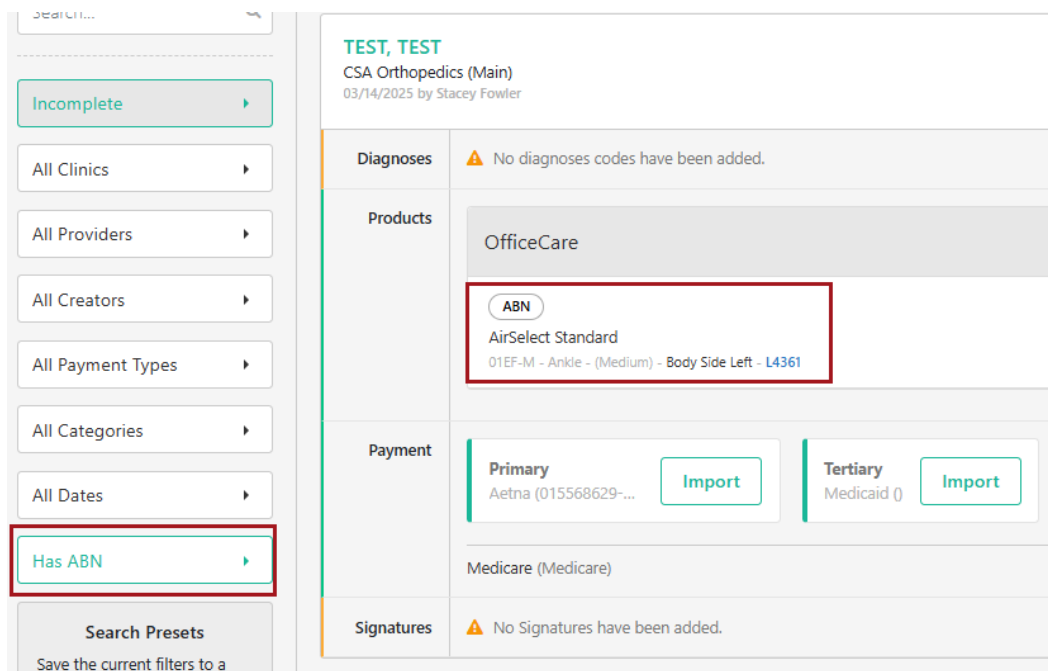
The main content area shows the product details for the **Reaction Knee Brace (11-0215-3)**. The product is categorized as OTS Splinting, Side: Right, HCPCS: L1812, L2795. It is currently 'Not Fulfilled' and is available from 'Sports Orthopedic & Spine - Carlsbad'. The pricing is as follows:

Self Pay Price	\$92.00
Billed Charge	\$92.00
Billing Channel	OfficeCare
Self Pay/TOS	No

At the bottom of the product section, there is a **Print ABN** button, which is highlighted with a red box and a mouse cursor.

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.



The screenshot shows the MOTIONMD interface with a search bar and a list of filters on the left. The 'Has ABN' filter is highlighted with a red box. The main content area shows the patient agreement for **TEST, TEST** (CSA Orthopedics (Main), 03/14/2025 by Stacey Fowler). The agreement is currently 'Incomplete'.

The agreement details are as follows:

Diagnoses	No diagnoses codes have been added.	
Products	OfficeCare	
	<div style="border: 1px solid red; padding: 5px;"> <p><b>ABN</b></p> <p>AirSelect Standard</p> <p>01EF-M - Ankle - (Medium) - Body Side Left - L4361</p> </div>	
Payment	<p><b>Primary</b></p> <p>Aetna (015568629-...</p> <p><b>Import</b></p>	<p><b>Tertiary</b></p> <p>Medicaid ()</p> <p><b>Import</b></p>
	Medicare (Medicare)	
Signatures	No Signatures have been added.	