

## 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 product card for 'AirSelect Standard' (01EF-M / DJO - Aircast). The card includes a 'Scan Barcode' button, a 'Fulfill from Stock' status of 'Not Fulfilled' (CSA Orthopedics (Main)), pricing (Self Pay Price: \$201.02, Billed Charge: \$335.86), and billing information (Billing Channel: OfficeCare, Self Pay/TOS: No). A category list on the right includes DME, Side, Left, HCPCS L4361. At the bottom, the 'Add ABN' button is highlighted with a red box. A warning message is shown: 'Warning Detected: ABN may be required for Medicare patients if coverage criteria are not met'. Other buttons include 'Exchange Options', 'Edit', and 'Remove'. The right sidebar shows patient information: 12345, Email TEST@TEST.COM, and medical information fields for Provider, Order Date (2025-03-14), Product Dispense Date, and 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**  
Part of Company of DJO, LLC, Surgi-Care, Inc., Ortho-Prox Express, Inc., and Armac, Inc.

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

**Patient Name:** TEST TEST      **Identification Number:** 116197

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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> 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

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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**.

### 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 **Create ABN** to save the ABN and return to the PA.

**Note:** The ABN will not generate until the 'Reason(s) Medicare May Not Pay', Option', Patient's Signature, and date have been applied to the form. If the patient is not satisfied or makes a mistake while signing, click **Clear Signature** to clear the signature box so the patient can start again.

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.

# Test Demo

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.

Create ABN

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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. Once the ABN is printed, the Early Warning Notification will disappear.

The screenshot shows a product detail page for 'AirSelect Standard'. The product is fulfilled from stock at CSA Orthopedics (Main). Pricing information shows a self-pay price of \$201.02 and a billed charge of \$335.86. Billing channel is OfficeCare. The product is categorized as DME, Side Left, HCPCS L4361. A 'Print ABN' button is highlighted with a red box. A 'Warning Detected' notification is also highlighted with a red box, stating: 'Per CMS, a printed copy of the signed ABN for AirSelect Standard must be given to the patient.'

Patient Agreements with completed and attached ABNs can be found by filtering the Patient Agreement or Billing Submission 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 a patient agreement list view. The 'Has ABN' filter is selected and highlighted with a red box. The expanded view for a patient agreement shows a product 'AirSelect Standard' with an 'ABN' pill highlighted by a red box. The patient agreement is for 'Demo, Test' at 'CSA Orthopedics (Main)' dated '02/13/2026' by 'Kristen DiRocco'. The product is categorized as 'OfficeCare' and 'AirSelect Standard' with details '01EF-M - Ankle - (Medium) - Body Side Left - L4361'.