

UCONN PROVIDERS-Advanced Beneficiary Notices (ABN'S)

Advanced Beneficiary Notices (ABN's) help the billing process by notifying the Provider of ineligible diagnoses at the time of placing the order.



Try It Out - ABN Notice for an Order

When you sign an order for a patient with Medicare, you might get a warning that the order is not covered for the associated diagnosis. You can review diagnoses that are covered and select a new one, or you can generate an Advanced Beneficiary Notice (ABN) form for the patient to sign. By signing this form, the patient agrees to cover the cost of the order.

Review covered diagnoses

1. Provider places an order, enters the Diagnosis, and attempts to sign. If the Diagnosis covers the order or procedure, the signature is accepted and the order goes through.
2. If the Diagnosis does not cover the order or procedure, an ABN warning is triggered and the Alternate Diagnosis Search Windows Appears.
3. When the ABN warning appears, click **Review Diagnoses**.
4. Look for an alternative diagnosis by:
 - a. Browsing the tree at the bottom of the window.
 - b. Entering a search term in the **Search for covered diagnoses** field.
5. If you select an alternative diagnosis, click one of the **Accept** buttons at the bottom of the window. If there is not an appropriate diagnosis that is covered, click **Cancel** to keep the order associated with your original diagnosis.

Review Diagnoses

Services not covered in this Visit: Number of failed charges: 1 out of 6 charges failed.

Service	Associated Diagnosis	Pass
XR CHEST 2 VIEWS [IMG36]	Annual physical exam [Z00.00]	<input checked="" type="checkbox"/>

Clear Clear All

Name: XR CHEST 2 VIEWS [IMG36]

Failed charge code(s) for service: [71020]CHG CHEST X-RAY 2 Vw[CPT(R)]

Added diagnoses:

Select All Unselect All Associate to All Remove

Covered Diagnoses for Foundation Example Part B

A ABNORMAL FINDINGS ON DIAGNOSTIC IMAGING AND IN FUNCTION STUDIES, WITHOUT DIAGNO:
 ABNORMAL FINDINGS ON EXAMINATION OF BLOOD, WITHOUT DIAGNOSIS
 ABNORMAL FINDINGS ON EXAMINATION OF OTHER BODY FLUIDS, SUBSTANCES AND TISSUES
 ABNORMAL FINDINGS ON EXAMINATION OF URINE, WITHOUT DIAGNOSIS

B Search for covered diagnoses

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Generate an ABN

- When the ABN warning appears, click **Waiver Form**. An Advance Notice form appears which includes the estimated cost of the order at the bottom of the form.

The screenshot shows a window titled "Order Validation" with a red header bar that reads: "You cannot sign these orders because information is missing or requires your attention:". Below this, the procedure "CBC WITH DIF" is listed with the note "This procedure is not covered for an associated diagnosis." and a "Details" dropdown. The payor is identified as "Medicare/Medicare Part A & B" and the ABN status is "Notice Triggered". Two buttons are visible: "Review Diagnoses" and "Waiver Form", with the latter being highlighted by a red rectangular box. An "OK" button is located at the bottom right of the window.

- After discussing the advanced notice with the patient, update the **Notice status** field to indicate whether the form was **signed, refused, printed, or voided**.
- Click **Print** if you want to print the form now. Otherwise, your support staff or clinic manager can get the patient's signature.

The screenshot displays the "Advance Beneficiary Notice of Noncoverage (ABN)" form. It includes a "NOTE" about Medicare coverage, a table of items and services, a "WHAT YOU NEED TO DO NOW" section, and a form for updating notice details. The "Print" button at the bottom is highlighted with a red rectangular box.

Items or Services	Reason Medicare May Not Pay	Estimated Cost
(1) COMPLETE BLOOD COUNT AND DIFFERENTIAL [LAB293]	(1) This item or service is not covered for your condition. (Medicare Part A)	(1) \$48.77

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.

Notice template: Provider ABNs | Comments: |
 Notice status: Notice Triggered [1] | Time updated: 09:53 AM |
 Communication barriers: | Date updated: 5/29/2018 |

Notice adjustments:

Service	Additional Explanation for Non-coverage	Original Estimated Cost	Estimated Cost Override
1 COMPLETE BLOOD COUNT AND DIFFERE		48.77	

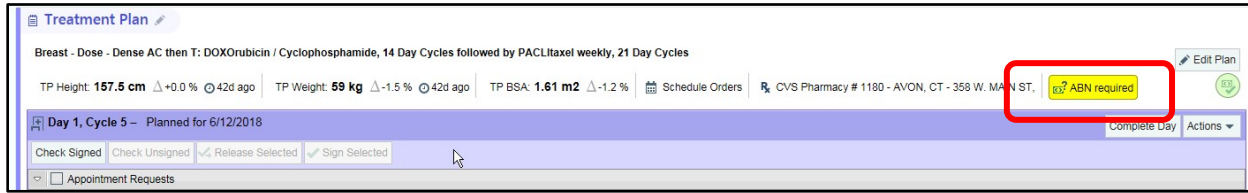
Buttons: Print, Refresh, Accept, Cancel



Try It Out With Therapy Plans/Treatment Plans

For Treatment and Therapy Plan Orders, a **gold banner** will indicate the diagnosis does not meet the required needs for the order and is not covered.

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It is very important that the ABN warning be addressed before the patient is treated in the infusion center. If the medication or order has an ABN, it is not authorized and the nurse should not administer the medication. This delays treatment for all patients in the infusion center.

1. Click the **view details** hyperlink.



2. A **Review Diagnosis** window opens, either pick a correct diagnosis or say **Reviewed: ABN Required**. Then the order shows up on an ABN report.
3. The **Review Diagnosis** window tells you the associated problems with this order that are not covered. Please search in the search box, as instructed above and pick the covered diagnosis, if applicable. You may have more than one order in a Therapy or Treatment Plan. Click on each order if there are more than one and attach the correct diagnosis if the diagnosis you chose does not meet the requirements for all orders.
4. If there is not an appropriate diagnosis that is covered, click **Cancel** to keep the order associated with your original diagnosis.
5. Then discuss with the patient the estimated charges for the procedure or order. If the patient agrees to the cost then update the ABN Status to choose the appropriate option (Medicare Pay, Patient Pay, etc...)

 - a. Update the ABN Waiver Box to reflect the Patient Acceptance. (this also assists the Front desk person to know how to proceed during checkout)

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Review Diagnoses

Services not covered in this Visit: Number of failed charges: 3 out of 3 charges failed.

Service	Associated Problems	Estimated Price	Pass
COMPLETE BLOOD COUNT AND DIFFERENTIAL [LAB293]	Pain, unspecified [R52]	48.77	<input checked="" type="checkbox"/>
CHEMISTRY 7 [LAB3268]	Pain, unspecified [R52]	13.00	<input checked="" type="checkbox"/>

All added problems will be associated with the plan.

Name: COMPLETE BLOOD COUNT AND DIFFERENTIAL [LAB293]

Failed charge code(s) for service: [85029]CHG COMPLETE CBC & AUTO DIFF WBC(CPT(R)) [85007]CHG BLOOD SMEAR,MICRO EXAM,MANUAL DIFF WBC(CPT(R))

Added Problems:

Select All Unselect All Remove

Covered Diagnoses for Medicare Part A

Sickle

Recent

- Sickle cell anemia with pain (CMS/HCC) [291776]
- Sickle-cell thalassaemia with crisis, unspecified (CMS/HCC) [17215]
- Sickle cell anemia with coexistent alpha-thalassaemia with crisis (CMS/HCC) [7215]
- Sickle cell thalassaemia disease with crisis (CMS/HCC) [7215]

Collaps All Reviewed: ABN Required Accept Cancel

6. When the patient checks out, the ABN is printed and signed by the patient. The ABN will be sent for scanning to HIM.
7. If the patient refuses, then the Provider updates ABN Waiver Box to Patient Refused and cancels the Order.