



CLINICAL POLICY

Advanced Beneficiary Notification

A. EFFECTIVE DATE :

June 20, 2023

B. PURPOSE :

To assure that all Medicare beneficiaries are notified that particular laboratory testing, radiology exam or procedures may not be covered by Medicare for their current diagnosis.

C. POLICY :

1. All UConn Health Providers are responsible for explaining the meaning, need and options associated with an Advanced Beneficiary Notification of Non-coverage (ABN).
2. Office staff will be responsible for printing the ABN from EPIC, acquiring the patient's signature prior to the patient receiving the services and submitting the signed form to be scanned into EPIC.
3. ABN's are issued only to patients who are beneficiaries of original Medicare.
4. ABN's are not issued for services that are never covered by Medicare or that are furnished by Medicare Part D.

D. SCOPE :

All Ambulatory Medical Office Practices.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

Provider places an order, selects the diagnosis

- Linked diagnosis is meets the CMS guidelines, the system will allow the provider to sign the order
- Linked diagnosis is not covered per CMS guidelines, an ABN is triggered. Provider is presented with a link to review covered diagnoses.
 - If clinical documentation supports the use of an alternative diagnosis, it is selected from the list
 - If clinical documentation does not support an alternative diagnosis
 - Provider cancels request to keep the diagnosis associated with the order
 - The ABN warning will appear, provider selects "waiver form"
 - The system will display the description of the service and the estimated cost of the item
 - Provider discusses the advanced notice with the patient

- If the patient does not want to proceed with service the ABN waiver field is updated, and the order is cancelled.
- If the patient wants to proceed with the service, the provider updates the ABN Notice status field to indicate discussed with patient, pending signature
 - Patient will be presented with ABN for signature at time of check out
 - Patient receives copy of signed ABN
 - Signed ABN form is sent to HIM for scanning

H. ATTACHMENTS :

None

I. REFERENCES :

Form CMS-R-131
Medicare Coverage Rules

J. SEARCH WORDS :

Advanced Beneficiary Notice, ABN, and Non-coverage.

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|--|-----------------------------------|
| <p>1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine</p> | <p><u>06/30/2023</u>
Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair</p> | <p><u>06/22/2023</u>
Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair</p> | <p><u>06/22/2023</u>
Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>06/22/2023</u>
Date</p> |

O. REVISION HISTORY :

Date Issued: 07/01/2019

Date Revised: 06/20/2023

Date Reviewed: