PURPOSE:
To comply with Medicare regulations¹ while billing Medicare patients and provide guidelines for
the appropriate use of the:

- Advance Beneficiary Notice (“ABN”) (Attachment A),
- Skilled Nursing Facility Advance Beneficiary Notice (“SNFABN”) (Attachment B), and
- Home Health Change of Care Notice (“HHCCN”) (Attachment C).

Collectively, these documents are known as “Notices,” and individually as a “Notice.”

POLICY:
Medicare will only pay for services that it determines to be reasonable and necessary under
section 1862(a) (1) of the Social Security Act. As circumstances warrant, Health Quest Systems,
Inc. and its affiliates’ (“HQ”) staff will ensure that the appropriate Notice is delivered to inform
Medicare beneficiaries or their representatives, before services are provided, of their rights and
responsibilities in the event that Medicare will not pay for services provided.²

A Notice may be used, but is not required, for services that are statutorily excluded³ from
coverage⁴ under Medicare, such as tests associated with routine dental work and physicals, or
that fail to meet benefit requirements.

A Notice must not be given to a beneficiary in any case in which the Emergency Medical
Treatment and Active Labor Act (“EMTALA”) applies until the hospital has met its obligations
under EMTALA, which includes completion of a medical screening examination to determine
the presence or absence of an emergency medical condition, or until an emergency medical
condition has been stabilized.

While routine use of a Notice is generally prohibited, routine delivery of an ABN is appropriate
when a service, such as screening mammography or screening PSA⁵, has a statutory or
regulatory frequency limitation on coverage based on an National Coverage Determinations
(“NCD”) or Local Coverage Determinations (“LCD”). In these situations, the ABN must state
that the service may only be paid for a limited number of times within a specified time period.
and that the visit may exceed that limit (i.e., “Medicare does not pay for this item or service more than_____”).

**DEFINITIONS:**

**Ancillary Services**: Hospital or healthcare organization services other than room and board and professional services. Examples of ancillary services include diagnostic imaging, pharmacy, laboratory and outpatient therapy services.

**Local Coverage Determination (“LCD”)**: A determination made by a Medicare Administrative Contractor (“MAC”) that specifies under what clinical circumstances a service is covered and considered reasonable, necessary and appropriate.

**National Coverage Determination (“NCD”)**: A determination made by a MAC that specifies under what clinical circumstances medical items, services, treatment, procedures or technologies can be covered and paid for by the Medicare program.

**ENFORCEMENT:**

All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

**EDUCATION:**

Management personnel responsible for staff involved in the notification process (Registration, Scheduling, Ordering, Billing, etc.) are expected to provide education on this and other relevant HQ or departmental policies and procedures.

The National Government Services, in partnership with federal government agencies, issued a five-minute and twenty-six second (5:26) video titled, *The Usage of an Advance Beneficiary Notice of Noncoverage*, explaining how to properly use an ABN.

**REFERENCES:**

¹Medicare Claims Processing Manual (Pub 100-4), Chapter 30, Section 50.2.1 – Applicability to Limitation On Liability (LOL)

²Medicare Claims Processing Manual (Pub 100-4), Chapter 1, Section 60 – noncovered charges.

³42 CFR §411.404 and §411.408.

⁴Social Security Act Section 1862.

⁵Medicare Program Integrity Manual (Pub 100-8), Chapter 13, Sections 1.1 and 1.3 NCD LCD.

HQ 5.1.16 Notice of Noncoverage Procedure
<table>
<thead>
<tr>
<th>Title:</th>
<th>Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Noncoverage Policy</td>
<td>HQ 5.1.16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Page #:</th>
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<tbody>
<tr>
<td>Executive Compliance Committee</td>
<td>Page 3 of 6</td>
</tr>
</tbody>
</table>

**POLICY HISTORY:**
Supersedes: 3/13/19
Original Implementation Date: 2/27/14
Date Reviewed: 3/9/20
Date Revised: 2/27/14, 6/13/18, 3/13/19, 3/9/20

**APPROVAL:**

[Signature]
Policy Owner

[Signature]
Date

3.31.20
Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn’t pay for D. __________ 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 D. __________ below.

<table>
<thead>
<tr>
<th>D.</th>
<th>E. Reason Medicare May Not Pay</th>
<th>F. Estimated Cost</th>
</tr>
</thead>
</table>

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 D. __________ 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.

G. OPTIONS: Check only one box. We cannot choose a box for you.

☐ OPTION 1. I want the D. __________ 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 D. __________ 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 D. __________ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

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 also receive a copy.

I. Signature:  
J. Date:  

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.
Skilled Nursing Facility:

Beneficiary’s Name: ___________________________________________ Identification Number: ___________________________

Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN)

Medicare doesn’t pay for everything, even some care that you or your health care provider think you need. The Skilled Nursing Facility (SNF) or its Utilization Review Committee believes that the care listed below does not meet Medicare coverage requirements.

Beginning on __________________, you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs.

<table>
<thead>
<tr>
<th>Care:</th>
<th>Reason Medicare May Not Pay:</th>
<th>Estimated Cost:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

WHAT TO DO NOW:

- Read this notice to 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 get the care listed above.

Note: If you choose Option 1, we may help you use any other insurance that you may have, but Medicare can’t require us to do this.

OPTIONS: Check only one box. We can’t choose a box for you.

☐ Option 1. I want the care listed above. I want Medicare to be billed for an official decision on payment, which will be sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I’m responsible for paying, but I can appeal to Medicare by following the directions on the MSN.

☐ Option 2. I want the care listed above, but don’t bill Medicare. I understand that I may be billed now because I am responsible for payment of the care. I cannot appeal because Medicare won’t be billed.

☐ Option 3. I don’t want the care listed above. I understand that I’m not responsible for paying, and I can’t appeal to see if Medicare would pay.

Additional Information:

This notice gives our opinion, not an official Medicare decision. If you request that we bill Medicare and in 90 days you have not gotten a decision on your claim or if you have other questions about this notice, call 1-800-MEDICARE (1-800-633-4227) /TTY: 1-877-486-2048. You may ask your SNF to give you this form in an accessible format (e.g., Braille, Large Print, Audio CD).

Signing below means that you’ve received and understand this notice. You’ll also get a copy for your records.

Signature of Patient or Authorized Representative* ____________________________________________________________ Date ____________

* If a representative signs for the beneficiary, write “(rep)” or “(representative)” next to the signature. If the representative’s signature is not clearly legible, the representative’s name must be printed.

Form CMS-10055 (2018)
Home Health Change of Care Notice (HHCCN)

Your home health care is going to change. Starting on [date], your home health agency will change the following items and/or services for the reasons listed below.

<table>
<thead>
<tr>
<th>Items/services:</th>
<th>Reason for change:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Read the information next to the checked box below. Your home health agency is giving you this information because:

☐ Your doctor’s orders for your home care have changed.
   - The home health agency must follow physician orders to give you care.
   - The home health agency can’t give you home care without a physician’s order.
   - If you don’t agree with this change, discuss it with your home health agency or the doctor who orders your home care.

☐ Your home health agency has decided to stop giving you the home care listed above.
   - You can look for care from a different home health agency if you have a valid order for home care and still think you need home care.
   - If you need help finding a different home health agency to give you this care, contact the doctor who ordered your home care.
   - If you get care from a different home health agency, you can ask it to bill Medicare.

If you have questions about these changes, you can contact your home health agency and/or the doctor who orders your home care. You cannot appeal to Medicare about payment for the items/services listed above unless you both receive them and a Medicare claim is filed.

Additional Information:

Please sign and date below to show that you received and understand this notice. Return this signed notice to your home health agency in person or by mailing it to them at the address listed at the top of this notice.

Signature of the Patient or of the Authorized Representative*                  Date

*If a representative signs for the beneficiary, write “(rep)” or “(representative)” next to the signature. If the representative’s signature is not clearly legible, the representative’s name must be printed.

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