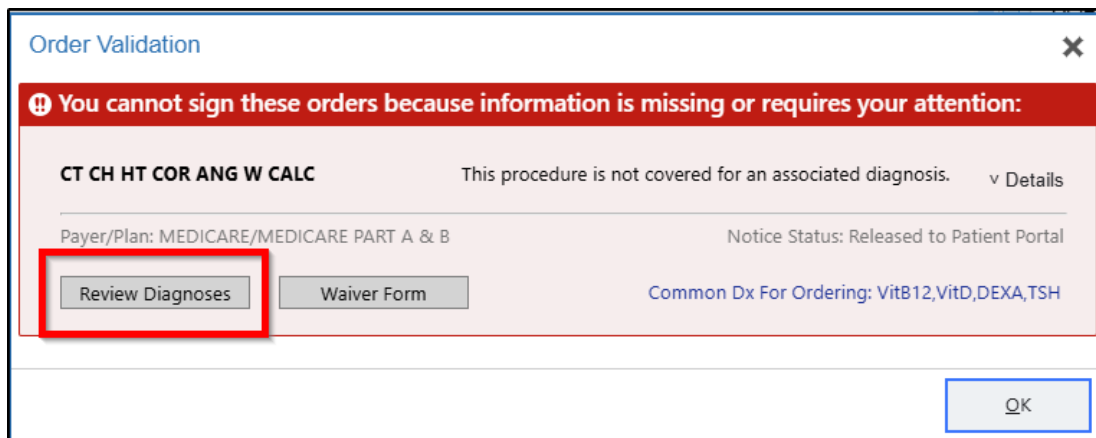


ABN – Advance Beneficiary Notice for Non-Coverage Tipsheet

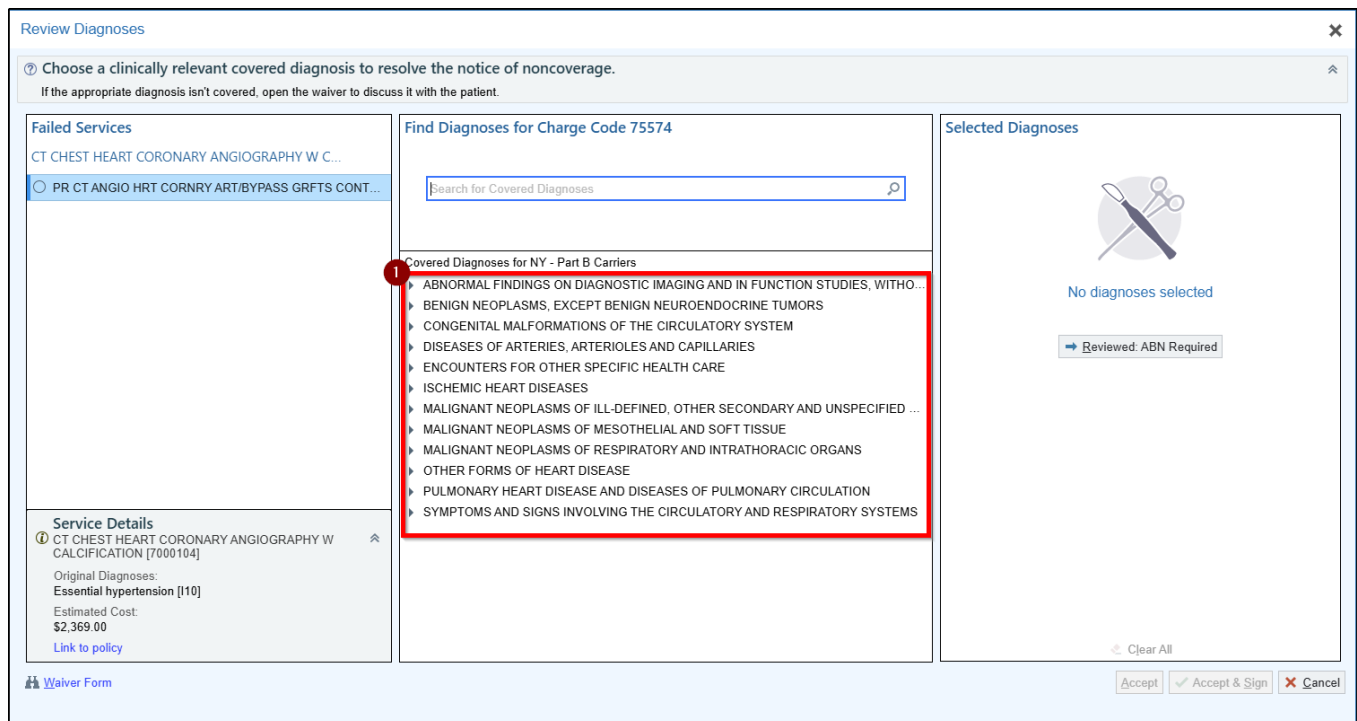
An [Advance Beneficiary Notice of Non-coverage \(ABN\)](#), Form CMS-R-131, is a mandatory written notice Medicare providers issue to beneficiaries before delivering items/services that Medicare is expected to deny, often due to lack of medical necessity. It serves as a "Waiver of Liability," ensuring patients understand their potential financial responsibility if Medicare does not pay.

If Medicare doesn't cover the procedure under the chosen diagnosis, there may be other diagnoses available to choose from.

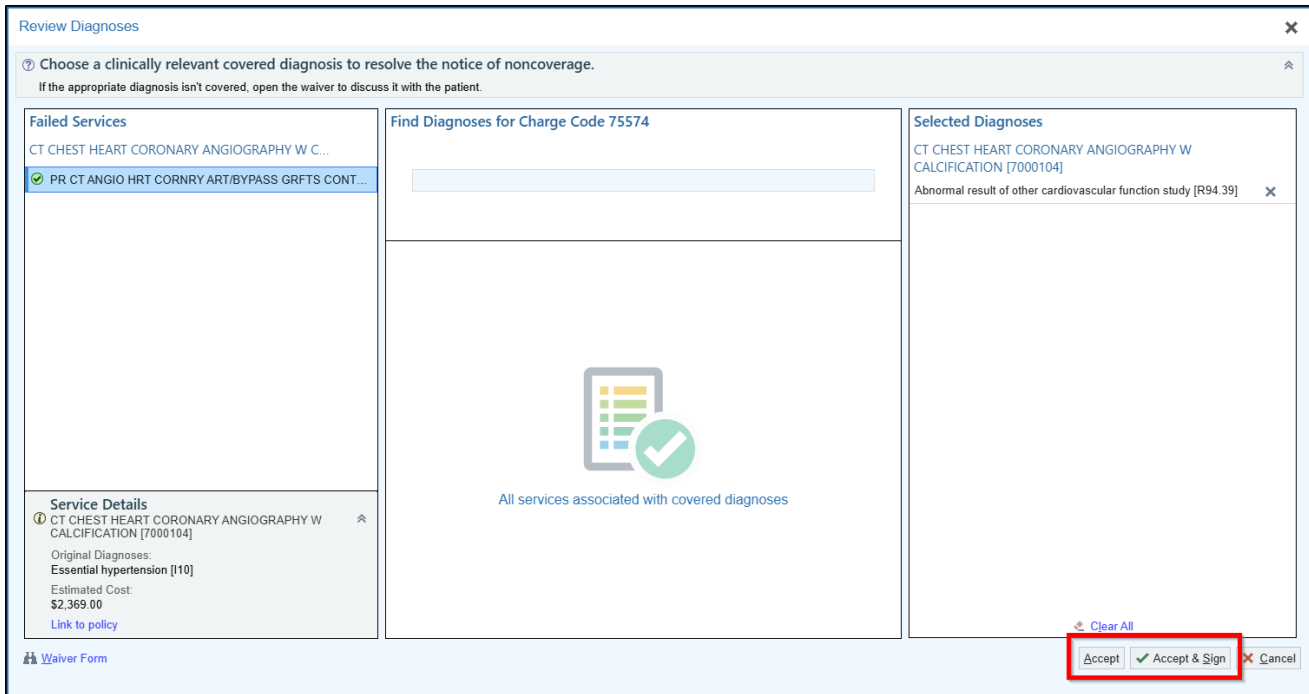
When you assign a diagnosis and sign your orders the Order Validation will open. Select **Review Diagnoses**



1. Select a diagnosis from the Medicare approved list

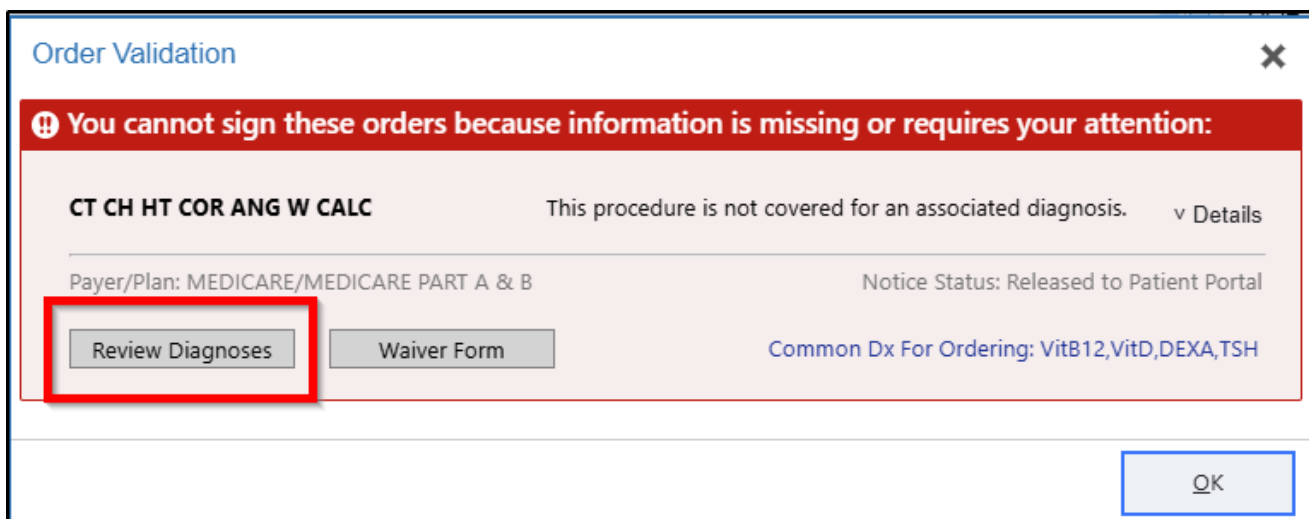


2. Once you get the okay, select **Accept** or **Accept & Sign**

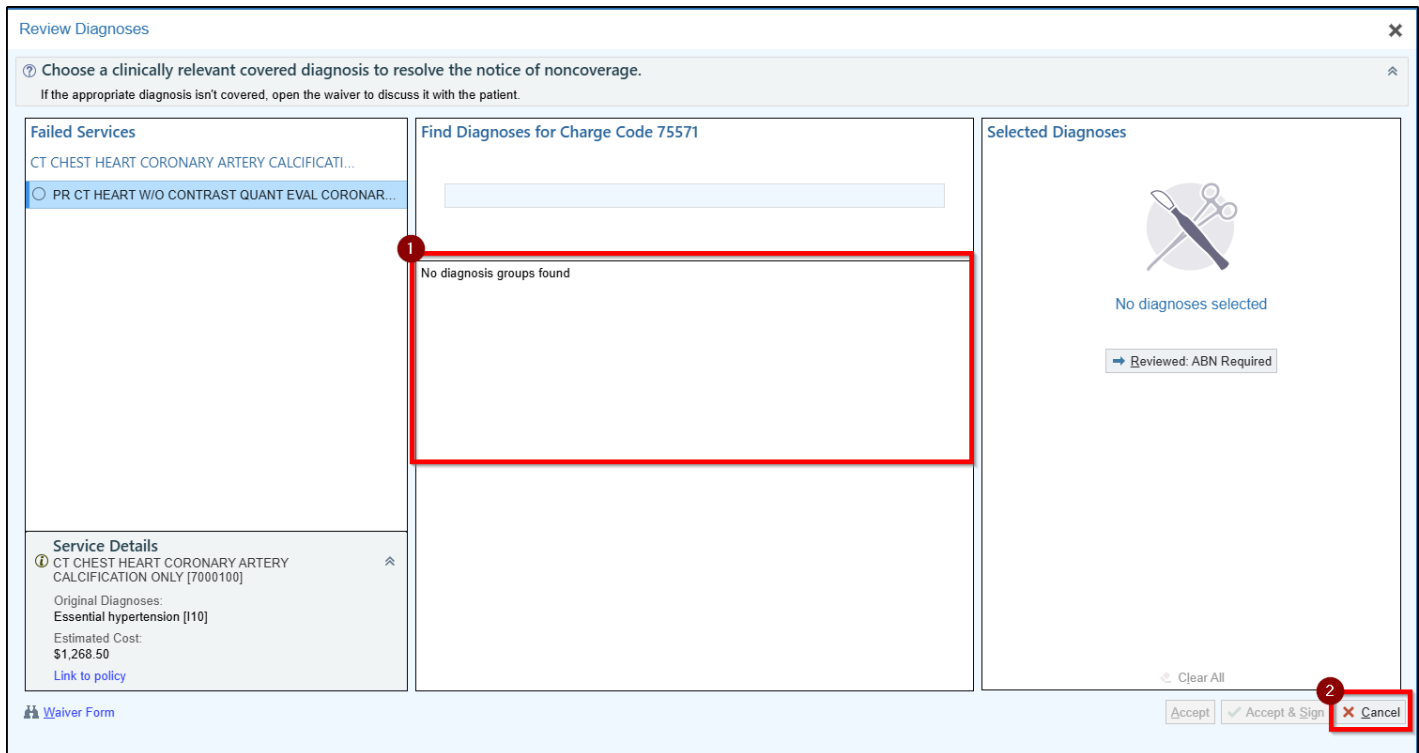


If Medicare doesn't cover the procedure under the chosen diagnosis and there are not other diagnoses available.

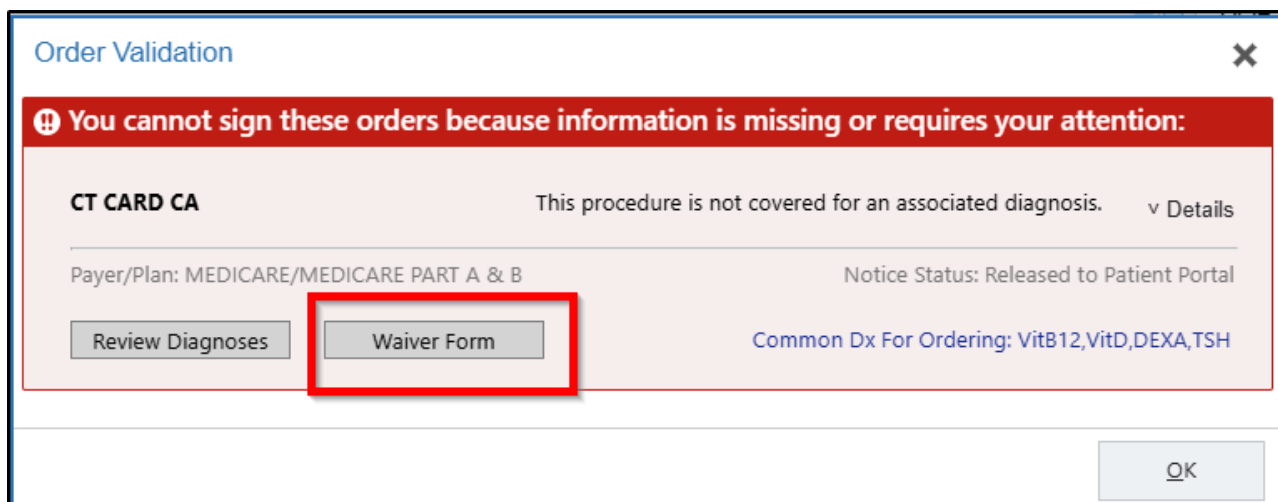
Select **Review Diagnoses**



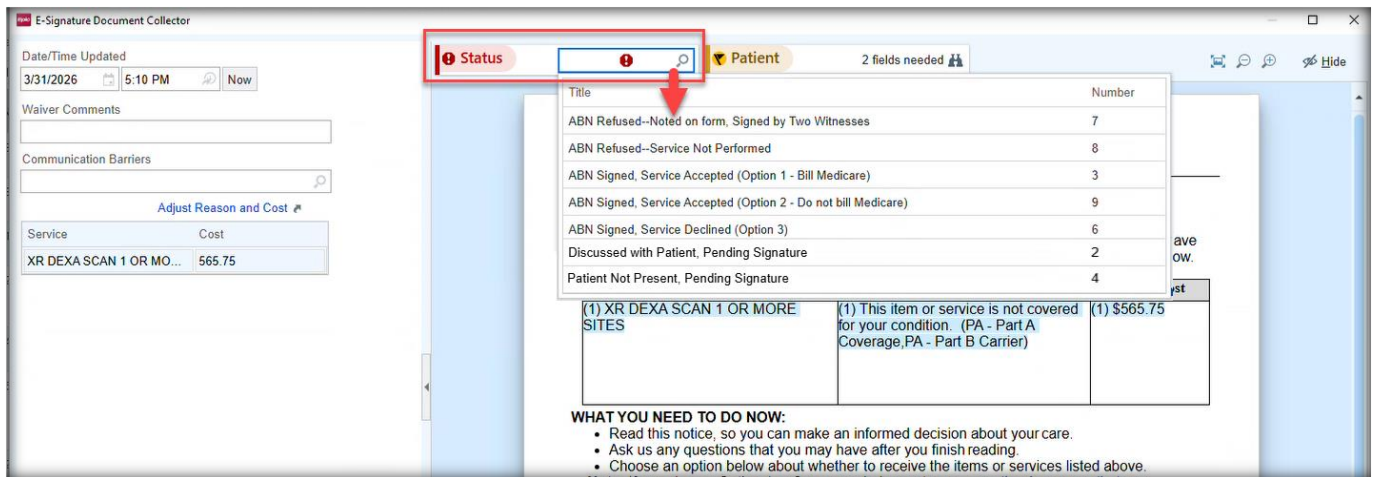
1. There are no available covered diagnoses
2. Select **Cancel**



If there are no covered diagnoses and the patient agrees to pay out of pocket for the procedure, select **Waiver Form**



The Waiver Form will open. At the top there will be a Status Section



Click the magnifying glass to select one of the following statuses

ABN Refused-Noted on form, Signed by Two Witnesses - This status indicates that all of the following conditions are true:

- The patient has refused to sign the form, yet requests or demands the service.
- A staff member from the organization has written a note on the form stating that the patient refused to sign but wants the service.
- Two witnesses have signed the note on the form.

Medicare regulations consider such a form to be valid and permit the organization to bill the patient.

ABN Refused-Service Not Performed - This status indicates that the patient refused to sign the form and declined the service, so it was not performed

ABN Signed, Service Accepted (Option 1-Bill Medicare) - This status indicates that a patient has signed the form, wants to receive the service, and agrees to be financially responsible for the service if Medicare does not pay.

ABN Signed, Service Accepted (Option 2-Do not bill Medicare) - This status indicates that a patient has signed the form, wants to receive the service, agrees to be financially responsible for the service, and agrees not to bill Medicare.

ABN Signed, Service Declined (Option 3) - This status indicates that a patient has signed the form and does not want to receive the service. Typically, the clinician cancels the order in this situation. If a patient signs the form and declines the service but the physician believes it is important to proceed with the service, a GZ modifier is associated with the procedure by default during order validation.

Discussed with Patient, Pending Signature - This status indicates that a provider has discussed the ABN form with the patient, but the patient has yet to sign the form.

Patient Not Present, Pending Signature - This status indicates that an order was entered while the patient was not present, so they were unable to discuss the service with the provider or sign the ABN form

1. Review the Options with your patient, they must select one of the three options
2. You can either **Print** the waiver form for the patient to sign **(3)** and have it scanned into the chart **OR** the if the patient has eGuthrie, they can sign the waiver form in their

Notifier: The Guthrie Clinic
Patient Name: [REDACTED] **Identification Number:** [REDACTED]

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for items or services 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 items or services below.

| Items or Services | Reason Medicare May Not Pay: | Estimated Cost |
|---|--|----------------|
| (1) CT CHEST HEART CORONARY ARTERY CALCIFICATION ONLY | (1) This item or service is not covered for your condition. (NY - Part B Carriers) | (1) \$1,268.50 |

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 items or services 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.

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

- OPTION 1.** I want the items or services 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 items or services 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 items or services listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

3 **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 may ask to receive a copy.

Signature: [REDACTED] **Date:** [REDACTED]

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](#)

Print (2) **Patient** **Accept** **Cancel**

account

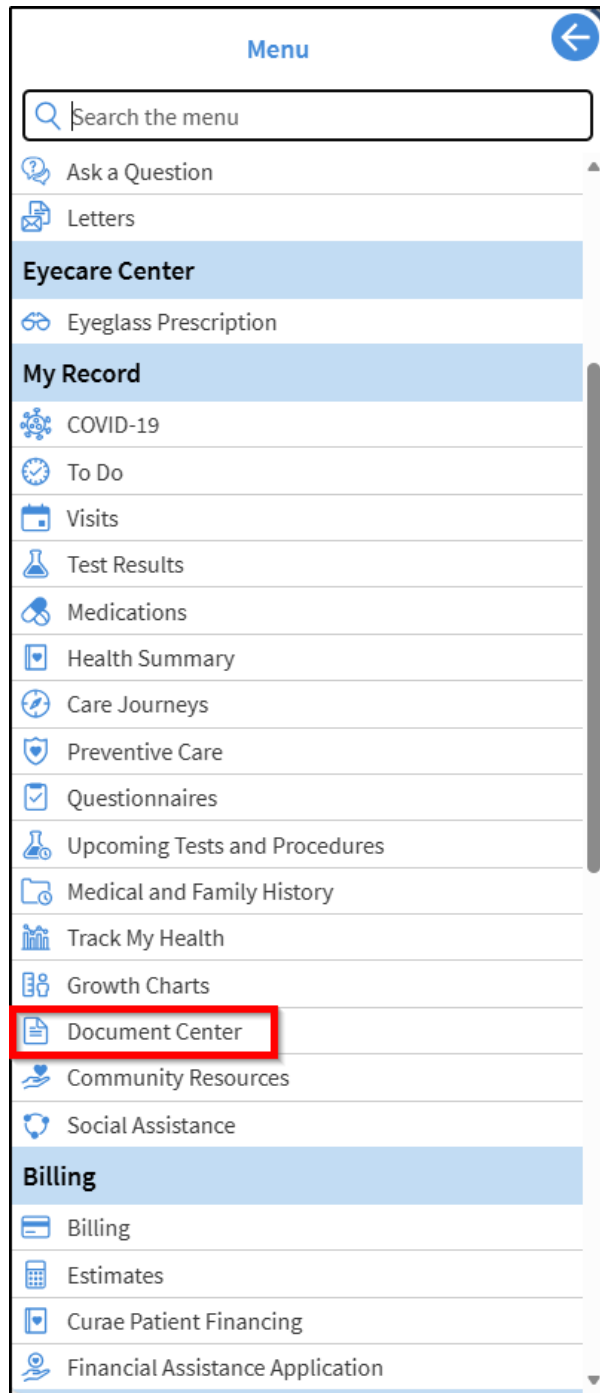
To sign the waiver on on eGuthrie have the patient sign into MyChart and select the top left corner, next  to the home button to open the menu.

GUTHRIE

Welcome, Jessica!

Visits | Schedule an Appointment | Same Day Walk-in... | Guthrie Now Video Visit | Test Results | Billing

The menu options will open, scroll to **My Record** and select **Document Center**



The patient will be able to find and open the Document under **My Documents**

Document Center

Please select the option that most closely matches the information you would like.

To submit a medical record request form [Click Here](#)

| | |
|--|---|
| <p>View, Download, or Send Visit Records</p> <p>These include details such as:</p> <ul style="list-style-type: none">Health IssuesMedicationsAllergiesImmunizationsPlan of Care | <p>Requested Records</p> <p>Download records you specifically requested, such as:</p> <ul style="list-style-type: none">Legal InformationCoordination of CareGovernment ReportingWorker's Comp InformationAccounting DisclosureVisit and Health Summaries |
| <p>My Documents</p> <p>Sign, view, download, and print documents you have on file.</p> | <p>Who's Accessed My Record?</p> <p>View actions of people who have accessed your record.</p> |