

Advance Beneficiary Notice of Noncoverage (ABN)

If you have Original Medicare and your health care provider, or supplier thinks Medicare probably (or certainly) won't pay for items or services, they may give you a written notice called an "Advance Beneficiary Notice of Noncoverage" (ABN). However, an ABN isn't required for items or services that Medicare never covers.

Other Types of ABNs

"Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage" (SNFABN): A skilled nursing facility (SNF) will issue you a SNFABN if there's a reason to believe that Part A may not cover or continue to cover your care or stay because it isn't reasonable or necessary, or is considered custodial care. This written notice gives you choices similar to the ABN. The SNFABN tells you the date when Medicare will likely no longer pay for your services. If you choose to get the services that may not be covered by Medicare, you don't have to pay for these services until a claim is submitted and Medicare officially denies payment. However, while the claim is processed, you have to continue paying costs that you would normally have to pay, like the daily coinsurance and costs for services and supplies Medicare generally doesn't cover..

SNF Notices of Non-Coverage

Scenario	What Notices to Give	Required	When to Give Notice
Beneficiary drops to a non-skilled level of care <ul style="list-style-type: none"> • Benefits have not exhausted • Beneficiary remains in the facility (Medicare certified bed OR non-Medicare certified bed) 	SNFABN (CMS 10055) or SNF Denial Letter AND Generic Expedited Determination (CMS 10123)	Yes	No later than 2 days before covered services end
Services constitute custodial care	SNFABN (CMS 10055) or SNF Denial Letter OR Revised ABN (CMS-R-131)	Yes	Prior to providing services
SNF feels Part A services are not medically reasonable and necessary	SNFABN (CMS 10055) or SNF Denial Letter OR Revised ABN (CMS-R-131)	Yes	Prior to providing services
Benefits have exhausted	SNF NEMB (CMS 20014)	No	Prior to benefits exhausting
<ul style="list-style-type: none"> • No Qualifying Hospital Stay (QHS) • Did not meet 30 day transfer requirement 	SNF NEMB (CMS 20014)	No	Prior to providing services
SNF feels Part B services are not medically reasonable and necessary	Revised ABN (CMS-R-131)	Yes	Prior to providing services
Beneficiary chooses to terminate services, not the SNF	None	N/A	N/A
Beneficiary drops to a non-skilled level of care <ul style="list-style-type: none"> • Benefits have not exhausted • Beneficiary goes home 	Generic Expedited Determination (CMS 10123)	Yes	No later than 2 days before covered services end



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Published 29th February, 2016.
 Last updated 7th May, 2016.
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SNF Notices of Non-Coverage (cont)

All Part B services on a plan of care are ending	Generic Expedited Determination (CMS 10123)	Yes	No later than 2 days before covered services end
Beneficiary requests expedited review from the QIO	Detailed Expedited Determination (CMS 10124)	Yes	As soon as notified beneficiary requested QIO review



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