
Southeast Radiology Management e-News

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Revised Advance Beneficiary Notice of Noncoverage (ABN) FAQs

In our last issue we announced that CMS had published a new Advance Beneficiary Notice. In addition to releasing the form, CMS has also published some FAQ's regarding the new form:

Q1. What changes have been made to the current ABN?

A1. Some key features of the revised ABN are that it:

- Has a new official title, the "Advance Beneficiary Notice of Noncoverage (ABN)", in order to more clearly convey the purpose of the notice;
- Replaces both the existing ABN-G and ABN-L;
- May also be used for voluntary notifications, in place of the Notice of Exclusion from Medicare Benefits (NEMB);
- Has a mandatory field for cost estimates of the items/services at issue; and
- Includes a new beneficiary option, under which an individual may choose to receive an item/service, and pay for it out-of-pocket, rather than have a claim submitted to Medicare.

Q2. How long will the transition period be for use of the revised form?

A2. Providers and suppliers may begin using the new ABN on March 3, 2008. CMS will allow a 6-month transition period from the date of implementation for use of the revised form and instructions. Thus, all providers and suppliers must begin using the new ABN (CMS-R-131) no later than September 1, 2008.

Q3. Where can we access the revised ABN and instructions?

A3. The revised ABN and form instructions can be accessed online at www.cms.hhs.gov/bni.

Q4. May we translate the revised ABN into other languages?

A4. The ABN is an OMB-approved form and cannot be altered except as permitted by the accompanying instructions. The ABN is available in English and will soon be available in Spanish. Notifiers should choose the appropriate version of the ABN based on the language the beneficiary best understands.

When Spanish-language ABNs are used, the notifier should make insertions on the notice in Spanish. For beneficiaries who speak languages other than English or Spanish, verbal assistance

in other languages may be provided to help beneficiaries understand the notice. Notifiers should document any translation assistance that they provide in the "Additional Information" section of the notice.

Q5. Are there manual instructions for the revised form?

A5. We will post detailed manual instructions for the revised form to the Medicare Online Claims Processing Manual in the near future. Please check the BNI webpage for updates at www.cms.hhs.gov/bni

Q6. Where can we send questions regarding the revised ABN?

A6. Questions regarding the revised ABN can be sent to RevisedABN_ODF@cms.hhs.gov

Q7. Will SNFs be required to use the revised ABN?

A7. No, the revised SNFABN will cover all Part B items/services delivered in a SNF and will be available before September 1, 2008. Therefore, SNFs may continue using the current ABN-G for Part B items/services until the revised SNFABN is implemented.

Revised ABN in Word Format

For your convenience we have converted the .pdf file posted on the CMS website to a Word document with some minor reformatting. This should assist you in customizing the new form for your facility. [Click here to download the ABN in Word format.](#)

Question & Answer

Is it appropriate to code for both a fine needle aspiration and a core biopsy during the same session?

According to the NCCI Manual, Chapter 3: *"FNA (10021, 10022) should not be reported with another biopsy procedure code for the same lesion unless one specimen is inadequate for diagnosis. For example, an FNA specimen is usually examined for adequacy when the specimen is aspirated. If the specimen is adequate for diagnosis, it is not necessary to obtain an additional biopsy specimen. However, if the specimen is not adequate and another type of biopsy (e.g. needle, open) is subsequently performed at the same patient encounter, the other biopsy procedure code may also be reported with an NCCI associated modifier."*

Do you have a question that you would like to see featured in an upcoming issue?
Email your question to: stacie@southeastrad.com

CMS Resources

Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) Update - effective April 1, 2008

<http://www.cms.hhs.gov/MLN MattersArticles/2008MMAN/list.asp?listpage=10>

FEATURED AUDIOSEMINAR - 2008 Radiology Revenue Cycle

Join Stacie Buck, RHIA, CCS-P, LHRM, RCC, CIC and Andrea Clark RHIA, CCS, CPCH, on March 25, 2008 for **TWO FULL HOURS** of expert guidance on radiology coding and reimbursement. **Stacie & Andrea will discuss radiology coding, compliance and reimbursement issues for physicians, IDTFs, ASC's, and outpatient hospital services.** For additional information and to register for this informative seminar go to:

<http://healthrevenue.webex.com/mw03041/mywebex/default.do?siteurl=healthrevenue>

Are you getting all of the revenue to which you are entitled?

Due to the sweeping changes in reimbursement for radiology services it is imperative that you receive all of the reimbursement to which you are entitled. If you are not 100% confident with your charge capture and coding consider an external audit. If you are interested in receiving a quote for services please contact us through our website: www.seradmgt.com

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We want to make sure that the information that we provide to you is relevant and timely. Please feel free to share comments and suggestions with us about our e-News.

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