

Dermatology Coding Alert

READER QUESTIONS: Think Specific With Your ABN

Question: We have all patients sign an advance beneficiary notice (ABN), listing services that Medicare commonly excludes, but we've had some difficulty with modifier GA and Medicare when billing for these services. What are we doing wrong?

Texas Subscriber

Answer: There is no such thing as an all-inclusive ABN. A Medicare beneficiary must be given notice for each procedure or service that Medicare will likely not cover. If you are creating an ABN that blankets all potentially uncovered services, it will most likely not hold up to Medicare's scrutiny.

Checklist: A valid ABN must include the following five components:

- Specific date of service
- Name of service (prior to signature of the beneficiary)
- State provider's belief that Medicare won't cover the service
- State provider's specific reason(s) for believing the claim will be denied as a procedure not reasonable or medically necessary (writing "medically unnecessary" is insufficient)
- Patient's dated signature.

Modifier GA (Waiver of liability statement on file) tells Medicare that the beneficiary signed a valid ABN and that he understands he may be responsible for paying for the specific, stated service or procedure provided by the dermatologist if Medicare does not cover it. Without a valid ABN, a Medicare patient cannot be held responsible for the charges Medicare won't cover, leaving the bill in your office's lap.

Best bet: Use Medicare's ABN standard form to eliminate possible problems. You can access this form online, along with other useful guidelines, at www.cms.hhs.gov/medicare/bni/.