

Internal Medicine Coding Alert

Reader Question: Follow the CMS Definition of 'Deliver'

Question: Since the purpose of an ABN is to inform the patient about a service, our office is wondering how thorough we must be in order for Medicare to consider an ABN "delivered" to a patient. What should we keep in mind when we are "delivering" an ABN?

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Answer: Not only must you make sure the patient has a copy of the ABN, but CMS doesn't consider an ABN "delivered" unless the patient understands the form and its contents. No matter what the situation, your office is responsible for making sure the patient understands the ABN under all circumstances.

For example, if you are delivering an ABN to a patient who speaks limited English, you must be sure she understands its contents -- even if it means paying to have the letter translated or bringing a translator in to the office to act as an intermediary.

Ideally, an ABN is handed to the patient by the physician, or a nurse, or someone on the clinical staff so they can answer the patient's questions. But you can also use mail, fax, or online notice when hand delivery is impossible. Notifying the beneficiary by phone is an option, but certify your call with a mailed form or a personal visit with a form in hand.

If you follow up with either of these methods, count the time of the phone call as the delivery time -- not the time of the second notice.

In all situations involving an ABN, your office should provide the patient with all the information, medical or otherwise, he requests. The ABN exists to ensure that the patient makes an informed treatment choice, and your office should do everything it can to make sure the patient is thoroughly informed.