

Optometry Coding & Billing Alert

READER QUESTION ~ Capture Self-Pays With NEMBs

Question: I keep hearing the term NEMB, but I'm not sure what exactly it is. I know that it's similar to an advance beneficiary notice but that they aren't the same thing. Can you tell me what an NEMB is and when I would need an ABN rather than an NEMB?

California Subscriber

Answer: A notice of exclusions from Medicare benefits (NEMB) differs from an advance beneficiary notice (ABN) in that the ABN is for services Medicare might cover, but will most likely deny on the grounds that the patient does not fit the medical-necessity requirements for the service to be covered.

NEMBs (CMS form CMS-20007) inform patients when Medicare will not cover a service because it is not a Medicare benefit.

Difference: Both forms allow patients to make an informed decision about pursuing treatment, with the knowledge that they may (ABN) or will be (NEMB) financially responsible. Using an NEMB is optional, and CMS developed the form to assist in informing Medicare beneficiaries that the service they are receiving is excluded from Medicare benefits.

Example: A scenario in which a practice might use an NEMB would be when they are performing an annual visit, which is never covered by Medicare. By using an NEMB, the practice is informing the patient that the service is never covered and what the expected costs will be. The NEMB is not required like the ABN, but it is very good business and increases the probability of collecting from the patient.

Bonus resource: You can find a sample NEMB online at the CMS site www.cms.hhs.gov/BNI/11_FFSNEMBGeneral.asp.