

## Part B Insider (Multispecialty) Coding Alert

### Reader Question: ABN Not Required for These Psychiatric Visits

Question: We know that "PR-122" is a "Psychiatric reduction in payment" code for Medicare carriers. I have always billed the patient for this share of the payment not made. However, my co-worker recently asked me if I need an ABN in order to bill the patient. I don't think we do, but could really use another opinion here. Can you advise?

Submitted to [coding911.com](http://coding911.com)

Answer: Medicare pays 50 percent of most outpatient psychiatric services, and the balance is the patient's responsibility. "If it is a non-covered benefit, an ABN (advance beneficiary notice) is not required, but an ABN can be used if you want to," says **Barbara J. Cobuzzi, MBA, CPC, CENTC, CPC-H, CPC-P, CPC-I, CHCC**, president of CRN Healthcare Solutions, a consulting firm in Tinton Falls, N.J. "An ABN is only required for services that may be denied for medical necessity."

Keep in mind: Beginning Jan. 1, you must use the new 2011 version of the Advance Beneficiary Notice, or ABN (form CMS-R-131).

The switch shouldn't bring any big changes to your organization. "The 2008 and 2011 ABN notices are identical except that the release date of '3/11' is printed in the lower left hand corner of the new version," CMS points out.

What will happen? "ABNs issued after Jan. 1 that are prepared using the 2008 version of the notice will be considered invalid by Medicare contractors," CMS warns. "2008 versions of the ABN that were issued prior to Sun. Jan 1 as long-term notification for repetitive services delivered for up to one year will remain effective for the length of time specified on the notice."

A copy of the 2011 version of the ABN (form CMS-R-131) is online at [www.CMS.gov/BNI](http://www.CMS.gov/BNI), under the "FFS Revised ABN" link.