

Eli's Rehab Report

NEWS BRIEFS: Get More Specific With Your ABNs

Having a hard time distinguishing your voluntary Advance Beneficiary Notices from your required ABNs?

CMS has some new modifiers to solve that problem.

Background: Up until late 2008, providers issued either an ABN or Notice of Exclusion from Medicare Benefits (NEMB), depending on the circumstance. CMS required ABNs when regularly covered Medicare services might not have been covered. An NEMB, however, was an optional form to notify patients of services completely excluded from Medicare coverage parameters. In 2009, however, CMS instructed providers to use only the ABN.

CMS still requires the ABN for cases where a Medicare service may not be covered. Yet providers may now also use the same ABN form -- optionally -- in cases where they once used an NEMB.

To eliminate confusion, CMS issued CR 6563, announcing that effective April 1, 2010, you'll use HCPCS level 2 modifiers to distinguish between voluntary and required ABN forms. Those modifiers, according to an MLN Matters article, are:

- Modifier GA. In April, its new definition will mean, "Waiver of Liability Statement Issued as Required by Payer Policy." You will use this modifier to report when you issued a required ABN for a service.
- Modifier GX. This is a new modifier CMS created with the definition, "Notice of Liability Issued, Voluntary Under Payer Policy." You will use this modifier to report when you issued a voluntary ABN for a service. You should only submit this modifier for noncovered charges, or your Medicare contractor will deny the claim as a beneficiary liability, according to the MLN article.

For more details on using these modifiers, view the full MLN article at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6563.pdf.