

Health Information Compliance Alert

Home Health Advance Beneficiary Notice: No ABNs Necessary For Excluded Services

There is good news on the ABN front.

Home health agencies are off the hook for furnishing advance beneficiary notices when services or items are statutorily excluded from home health coverage under Medicare. "HHABN Option Box 1 is not required prior to delivery of statutorily excluded items," CMS says in a Dec. 1 transmittal containing new HH ABN instructions.

The revision is a "major change," notes the National Association for Home Care & Hospice. But HHAs may not want to take that out.

"The HHA may choose to issue HHABN Option Box 1 as a voluntary notice," CMS offers in the new instructions.

For example: "HHABN Option Box 1 issuance is not required before a beneficiary receives and is charged for an item and/or service that Medicare never covers such as routine foot care.

However, the HHA could voluntarily issue the HHABN before providing routine foot care to assure that the beneficiary is aware of the impending liability," CMS explains.

"The guidance for issuance and completion of the HHABN is much clearer and simpler in these new instructions," NAHC praises of the new instructions, which include an "HHABN Quick Glance Guide" -- a grid to help HHA staff determine when to issue notices.

The transmittal is online at www.cms.gov/transmittals/downloads/R2362CP.pdf

Use New HHABN Form By April 1

Don't forget to start using the new home health advance beneficiary notice form by April 1. Up until April 1, HHAs can use either the old form (with the expiration date of 10/31/2012) or the new form, notes HHH MAC NHIC in a question-and-answer document from its Feb. 17 teleconference on ABNs.

The new form, which CMS issued Dec. 6, is available for download at www.cms.gov/BNI/03_HHABN.asp (scroll down to the "Downloads" section).

NHIC's Q&A is at www.medicarenhic.com/RHHI/billing/HHABNQA02172011.pdf.