Health Information Compliance 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?

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.

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