

## Health Information Compliance Alert

### Reader Questions: CMS Offers You an

Question: I work for a large clinic, and we've struggled to implement the new ABN form. The change has been costly, and we don't yet have the new form printed for all of our satellite offices. The deadline was Sept. 1. What ramifications do we face for not meeting the deadline? Will Medicare accept the old form or are we forfeiting payment on every procedure we use the old ABN for?

California Subscriber

Answer: You can stop worrying. While the original Sept. 1 deadline for implementing the new advance beneficiary notice (ABN) has come and gone, you won't yet face any ill effects for not being ready. CMS changed the deadline at the last minute, now allowing practices to wait until March 1, 2009 to begin using the revised ABN.

History: Earlier this year, CMS unveiled its new advance beneficiary notice (ABN). The new form not only replaced both the previous ABN-G (for physicians) and ABN-L (for laboratories), but also incorporated the notice of exclusions from Medicare benefits (NEMB) form.

Medicare carriers began accepting the new ABN form as of March 3, but CMS has now extended the transition period, allowing you until March to prepare for the new form.

Get help: CMS recently issued a MLN Matters article regarding the new ABN, which reminds providers to use the new form for both mandatory and voluntary ABN situations.

To read the MLN Matters article outlining the details of the new ABN form, visit the CMS Web site at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6136.pdf>.

What this means: You must issue an ABN in certain circumstances -- for instance, if you're performing care that isn't reasonable and necessary and you think Medicare may not cover the service. However, ABN use is voluntary in other cases, for instance, if Medicare statutorily excludes the service (such as a facelift).