



**Health Care Agency
Behavioral Health Services
Policies and Procedures**

Section Name: Information Management
Sub-section: Clinical Records Documentation
Section Number: 05.01.04
Policy Status: New Revised

| | SIGNATURE | DATE APPROVED |
|---|-----------|---------------|
| Chief of Operations Behavioral Health Services | _____ | _____ |

SUBJECT:

Advance Beneficiary Notice of Non-coverage (ABN)

PURPOSE:

To ensure Medicare beneficiaries receive advanced notification, as required by regulation, when providers have reason to believe that Medicare-eligible services may not be paid by Medicare.

POLICY:

The Medicare beneficiary will receive promptly an Advanced Beneficiary Notice (ABN) when the provider believes that a covered service may not be paid by Medicare due to lack of medical necessity. Providers shall provide Medicare beneficiaries with notification as soon as a provider has reason to believe that services provided a Medicare beneficiary will not be paid by Medicare.

SCOPE:

Behavioral Health Services (BHS) staff who provide mental health services to Medicare beneficiaries.

REFERENCES:

Code of Federal Regulation Title 42 §411.400, §411.402, §411.404, §411.406, §411.408 and §411 Subchapter K

BHS P&P # 04.02.02 Communication between Behavioral Health Administration and Medical Billing Unit Personnel

FORMS:

CMS Form #CMS-R-131(3/08) [Advance Beneficiary Notice of Non-coverage \(ABN\)](http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html) Form
<http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>

PROCEDURE:

- I. If a provider has reason to believe that a planned, Medicare-eligible service to a Medicare beneficiary is not reasonable and medically necessary, the provider shall consult with his/her Service Chief regarding the need to complete an ABN.
- II. The Service Chief shall assist the provider in determining if an ABN is required. If necessary, the Service Chief shall consult with the Authority and Quality Improvement Services Division Manager or designee, or with the Medical Billing Unit Manager or Medi-Cal Coder to make a final determination.
- III. If required, the provider shall complete the ABN, providing a reason specific to the service(s) under consideration. The provider shall review the ABN with the client and ask the client to sign the ABN. If a client refuses to sign the Beneficiary Agreement portion of the ABN, the provider shall note the refusal in the Progress Note and shall include the ABN with the provider portion complete, in the consumer's chart. The ABN will be filed in the chart with the Encounter Document and Progress Note or scanned into the Electronic Health Record (EHR), if that particular clinic has converted to the EHR.