

NEW MEDICARE ABN!

Here is the new ABN to be used beginning 6/1/2023. There is an English and Spanish version, and a Fillable Word document as well as a .pdf for your convenience and use.

Remember . . .

The ABN is **required** for your Medicare patients to sign when:

They transition from Active Treatment to Maintenance or Wellness Care.

The ABN is **voluntary** when:

It functions as your financial policy, and the patient is still on Active Treatment.

GUIDELINES:

- Do not have the patient sign an ABN at every visit, per CMS.
- When the patient presents with a new episode/injury, the current signed ABN on file is nullified.
- When the patient transitions back to maintenance/wellness, have them sign a new ABN.
- The signed ABN is good for one year.
- The patient/guardian should be the one to choose between Option A, B, or C, with the staff, explaining what each option entails. This prevents potential doctor liability down the road, i.e., the patient or guardian states to Medicare that they were forced or pressured into choosing a certain option.
- Use an AT modifier when billing Medicare for Active Treatment (ABN not required).
- Use a GA modifier if the patient chose the option on the form to bill Medicare, and an ABN is on file. Then the Medicare remits can be forwarded or are crossed over to the Medicare supplement plan for possible payment.
- Use a GZ modifier when billing Medicare for maintenance/wellness care but an ABN is not on file. (The most common reason is the clinic got busy and missed having the patient sign it).
- The ABN is not used with Part C/Medicare Replacement plans. Only use for Medicare Part B plans.
- You may begin using the new ABN in December. The new one will be required as of 6/1/2021.

Questions? I am here to help! Contact me at lisa@pmaworks.com, or call 920-334-4561

Lisa

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