

## Enrollment Status and ABNs

### Question

Can a supplier's participating status be changed at any time or only during open enrollment?

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ABN's are not required for non-statutorily covered items A9270, correct? (i.e. rollator basket, full electric hosp bed, lift chair recliner, etc.)

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On the Upgrades - No Charge, it is important to note that the physician's order must match what is provided, correct?

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We cannot bill Medicare for new CB items until we update our 855S

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For portable oxygen concentrators, we can't bill unassigned for the first month and assigned for months 2-36? If so, can we put a policy in our P&P that says we do not bill insurance for portable oxygen concentrators?

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Can we elect to only supply items in certain categories? I.e. we don't want to do oxygen, but we are interested in CPAP. Can we "pick and choose?"

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### Answer

Open enrollment only occurs once a year starting Nov. 15-Dec. 31st starting for the calendar year in January.

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When it's a non-covered item, an ABN is not required. However, the supplier may choose to use it voluntarily as a good customer service to explain to the beneficiary.

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When a free upgrade is being done, the physician's order would be for the item the patient actually qualified for. The delivery ticket would indicate the item actually delivered. On the claim information, the NTE section needs a narrative explaining why there is a free upgrade (usually for inventory purposes) and make sure the GL modifier is appended to the claim.

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It all depends on what is listed on the 855S currently for the services being offered.

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Currently with oxygen equipment, the supplier cannot change the assignment on a month by month basis. It is under the following regulation: 42 CFR Section 414.226 (g) (3) "before furnishing oxygen equipment, the supplier must disclose to the beneficiary its intentions as to whether it will or will not accept assignment of all monthly rental claims for the duration of the rental period."

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During the gap period with the competitive bid program, yes that is ok as it's any willing supplier.

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<p>When billing non-assigned on an item, Are we required to obtain an ABN?</p>	<p>The purpose of using an ABN does NOT change when it's a non-assigned claim. If there is a valid reason for denial, non-assigned or assigned, then the ABN would be implemented prior to delivery.</p>
<p>If I do a product non-assigned, do I need to have an assignment of benefits signed each month before I bill on their behalf?</p>	<p>On non-assigned claims, in order to submit the claim on the beneficiary's behalf, there needs to authorization on file such as the AOB.</p>
<p>What if the rental is a neb and the cost of billing per month costs more then the reimbursement?</p>	<p>The option is to submit the neb as non-assigned or find a neb that fits within the margins. Apply this to any item, purchase or rental.</p>
<p>We are a hospital based DME accepting assignment. If we have a patient who wants to pay cash for an item, we have the patient sign an ABN, but can we give the patient special pricing?</p>	<p>The acceptable discount in the industry is 17%.</p>
<p>We have a hard time getting the patients to pay copays, in order to go non-assigned on a claim we would have to collect the monies up front from the patient.</p>	<p>Get a form of payment on file with the beneficiary such as a credit card or debit card, this should occur with the intake process. If the patient cannot provide a form of payment, then it's a business decision on how to handle the situation, possibly not providing the product, if you are not going to get paid.</p>
<p>If you are switching from Non-Assigned on the first month of a capped rental claim to Assigned on subsequent claims, what is the best way to accomplish this in your billing software?</p>	<p>Each billing software works differently, so you would need to work with them to understand the process for switching non-assigned to assigned.</p>
<p>Do you have to enter EVERY code on the ABN, say for a power wheelchair as listed, or can you just list Power wheelchair and accessories</p>	<p>HCPCS codes are not required on the ABN. The ABN instructions state to list the specific items and or services believed to be non-covered.</p>
<p>If we are subcontracting with a company now, what happens to those beneficiaries comes January 1st? Do we get to take those contracts over, or do they remain with the company that we're subcontracting for?</p>	<p>Technically the patients belong to the contracted supplier, when the contracts ended on Dec. 31, 2018, then the situation needs to be discussed between the subcontractor and the contracted supplier on how to move forward.</p>

Can acronyms be used on ABNs? What if the patient does not know what "BUE" stands for?

It's best not to use acronyms on the ABN because the ABN is to inform the patient what is going on. Remember the ABN "speaks" to the patient so the patient can then make an informed decision on how to move forward.

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Can an ABN be issued upon delivery for a cpap (re: month 4) with : if you do not meet your the "specific" requirements" etc.

The ABN cannot be issued upon setup (delivery) of the CPAP machine. The supplier has to give the patient the change to meet the criteria for compliance. The supplier should educate the patient on the expectations for meeting compliance in order to get insurance to continue coverage.

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What if the patient does not want to sign the ABN ?

If the patient is refusing to sign the ABN, then do not deliver the equipment.

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Can you utilize an ABN on a dual enrollee Medicare/Medicaid client?

Yes, an ABN can be issued on the dually eligible beneficiary. The ABN is used to inform the patient there is a reason for denial. The patient can then decide on how to move forward.

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ABN can be used only if we are non participating porvider?

It does not matter the enrollment status of the supplier participating or non-participating. The purpose of the ABN does not change.

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Question about Fragmented billing for Non Assigned Claim: 1) Can a provider bill Mastectomy Bras L8000 and Non Assigned on a sales order/invoice plus another salesorder/invoice for silicone breast prothesis accepting assignment?

No a supplier cannot fragment the billing. Fragmented billing means providing any service that is performed at the same place on the same occasion. (Claims processing manual, Chapter 1, 30.3.2 on [www.cms.gov](http://www.cms.gov)). The supplier would need to accept assignment or go non-assigned on all products being dispensed at the same place on the same occasion.

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For the retail transaction, how much do we have to pry to find out if they are a Medicare beneficiary. If they come in and choose an item from the showroom and bring it to the register to pay cash, how much trouble could a provider get in if they do not get an ABN on a cash purchase when the patient does not inform us that they have Medicare?

If the item that is being purchased is an item considered for coverage, the question needs to be asked if they are a Medicare beneficiary. This is to protect the supplier and to avoid a phone call from Medicare when an beneficiary has inquired about getting Medicare to pay. If the ABN is not implemented and Medicare inquires, the supplier would have to refund the beneficiary, and ultimately, if this occurs regularly, could have their supplier number suspended because they are not following the mandatory claim submission guidelines.

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When would you get the ABN signed? Before or at the time of the delivery?

The ABN is prior to delivery. There are times it may occur at the time of delivery, if this is the case, the best practice is to write the time the ABN was signed, right on the ABN, and make sure to write the time on the delivery ticket when that is completed.

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Will becoming a Non Par provider with Medicare affect contracts with MCOs? I'm not sure if the MCOs require the provider to be participating in order to keep the contract.

It should not affect the contracts with the Managed Care Organizations because the supplier would have signed a contract if they wanted to participate with that payer.

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Is there ever a time you can upgrade within the same HCPCS code?

No there is not. The supplier manual was updated in the Fall of 2016 that removed the ability to upgrade within the same HCPCS code.

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If we are not currently a Medicare supplier, do we still need an ABN?

No you do not. Some suppliers have a sign posted that indicates they are not a Medicare supplier and do not have a supplier number.

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Just to clarify if a patient wants to cash purchase a Medicare item is an ABN required?

Yes an ABN is required when it's an item considered for coverage with Medicare.

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