



## Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN)

MLN Matters Number: MM10567

Related Change Request (CR) Number: 10567

Related CR Release Date: March 30, 2018

Effective Date: April 30, 2018

Related CR Transmittal Number: R4011CP

Implementation Date: April 30, 2018

### PROVIDER TYPE AFFECTED

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This MLN Matters Article is intended for Skilled Nursing Facilities (SNFs) billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

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This article informs you about Change Request (CR) 10567, which advises you that the Centers for Medicare & Medicaid Services (CMS) has revised the Skilled Nursing Facility Notice of Non-coverage (SNF ABN), Form CMS-10055. With this revision, CMS is discontinuing the five Skilled Nursing Facility (SNF) Denial Letters (namely, the Intermediary Determination of Noncoverage, the UR Committee Determination of Admission, the UR Committee Determination on Continued Stay, the SNF Determination on Admission and the SNF Determination on Continued Stay), and the Notice of Exclusion from Medicare Benefits (NEMB-SNF), Form CMS-20014. Please ensure that your billing staffs are aware of these changes.

Please note that the Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123 is not being discontinued with this revised SNF ABN. More information on the NOMNC is available at <https://www.cms.gov/Medicare/Medicare-General-Information/BN/FFS-Expedited-Determination-Notices.html>.

### BACKGROUND

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The authorization for these requirements are Section 1879 of the Social Security Act and 42 Code of Federal Regulations (CFR) 411.404(b) and (c), which specify written notice requirements. These requirements are fulfilled by the SNF ABN.

In order for SNFs to transfer liability to an Original Medicare beneficiary for items or services paid under Medicare Part A (SNF Prospective Payment System (PPS)), the SNF must issue a

SNF ABN for:

- An item or service that is usually paid for by Medicare, but may not be paid for in this particular instance because it is not medically reasonable and necessary, or
- Custodial care.

Attached to CR10567 is a revised Chapter 30 of the Medicare Claims Processing Manual. This revised manual chapter provides details on SNF ABN standards and also provides information about:

- Situations in which a SNF ABN should be given
- Situations in which a SNF ABN is not needed to transfer financial liability to the beneficiary
- SNF ABN specific delivery issues
- Special rules for SNF ABNs
- Establishing when beneficiary is on Notice of Non-coverage

**Note: Further details are available at <https://www.cms.gov/Medicare/Medicare-General-Information/BN/FFS-SNFABN-.html>. You may download the revised Form CMS-10055 in the Downloads section of that webpage.**

SNFs will continue to use the Advance Beneficiary Notice of Non-coverage (ABN, Form CMS-R-131) for items or services that Medicare may deny under Medicare Part B.

Please note that SNFs may start to implement this new notice any time up to the implementation date of CR10567. Upon the CR10567 implementation on April 30, 2018, the use of the new notice is mandatory.

The revised notice incorporates suggestions for changes made by users of the ABN and by beneficiary advocates based on experience with the current form, refinements made to similar liability notices through consumer testing and other means, as well as related Medicare policy changes and clarifications.

## ADDITIONAL INFORMATION

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The official instruction, CR10567, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4011CP.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

## DOCUMENT HISTORY

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Date of Change	Description
March 30, 2018	Initial article released.

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