



Providers: Explaining ABNs

Effective with the Health**ONE** go-live, you, as a UConn Health provider, are responsible for explaining the meaning, need and options associated with an ABN (Advanced Beneficiary Notification of Noncoverage) when one is required for your Medicare patients.

What is an ABN?

An ABN is a written notification to a Medicare patient that one or more services you recommend likely won't be covered by Medicare. Patients must sign the ABN if they decide that they still want the services, and are willing to incur out-of-pocket costs.

How will I know if an ABN is required?

Health**ONE** requires that each ambulatory procedure ordered (including laboratory tests and imaging studies) be assigned an ICD-10 diagnostic code that indicates the need for the procedure. Health**ONE** will alert you if Medicare does not cover the cost of a procedure for the provided code. If this occurs, Health**ONE** will provide a list of ICD-10 codes for which Medicare will cover the cost. You can then select one of these codes if appropriate, discuss the

option of an ABN with your patient, or cancel the order.

What if I receive this alert but there is no appropriate ICD-10 code to cover the reimbursement?

You can select the "Waiver Form" button to see a PDF version of the ABN form, which will include the estimated cost of the procedure. You can then discuss the situation with your patient to help them understand the relative need for the study and why Medicare may not pay. You can then help them decide if they are willing to accept financial responsibility. If the patient decides to go ahead with the study, Health**ONE** will allow you to quickly document your discussion and alert your office staff that they need to print the ABN and have it signed by the patient.

Will it take a long time to review this information with the patient?

We are working to minimize disruptions to your workflow by providing ABN educational materials for patients in the your waiting room .