

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1983	Date: JUNE 11, 2010
	Change Request 6987

SUBJECT: Clarification on Use of the SNFABN and Denial Letters

I. SUMMARY OF CHANGES: This instruction clarifies use of Notices of Noncoverage or Denial Letters by skilled nursing facilities.

EFFECTIVE DATE: July 12, 2010

IMPLEMENTATION DATE: July 12, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	30/70/Form CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice (SNFABN)

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I 	C A R R I E R	R H I 	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6987.2	Contractors shall review the process associated with the SNFABN as indicated in Chapter 30.	X		X							
6987.3	Contractors shall perform additional individual provider education if alerted that a notifier is not complying with these instructions.	X		X							
6987.4	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin. Contractors are free to supplement it with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X							

IV. SUPPORTING INFORMATION

Section A: N/A

Section B: N/A

V. CONTACTS

Pre-Implementation Contact(s): Charlayne Van, charlayne.van@cms.hhs.gov, 410-786-8659

Post-Implementation Contact(s): Charlayne Van, Charlayne.van@cms.hhs.gov, 410-786-8659

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*:

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and

immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

70 - Form CMS-10055 Skilled Nursing Facility Advance Beneficiary Notice (SNFABN)

(Rev. 1983, Issued: June 11, 2010; Effective/Implementation Dates: July 12, 2010)

The following are the standards for use by Skilled Nursing Facilities (SNFs) in implementing the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN, model Form CMS-10055) notice of noncoverage requirements. This section provides instructions, consistent with the skilled nursing facility prospective payment process (SNF PPS), regarding the notice that SNFs must provide to beneficiaries in advance of furnishing what SNFs, utilization review (UR) entities, quality improvement organizations (QIOs), or Medicare contractors believe to be noncovered extended care services, or items or of reducing or terminating ongoing covered extended care services or items.

SNFs may continue using either the SNFABN or the SNF Notices of Noncoverage (Denial Letters) to fulfill the notification requirements under Section 1879 of the Social Security Act. When completing and delivering the SNFABN, SNFs must meet the notice standards in §70.3 of Chapter 30 of the Medicare Claims Processing Manual.

SNFs must also meet the ABN Standards in §40.3 of the Medicare Claims Processing Manual in completing and delivering SNFABNs.