



News Flash – The revised, Guided Pathways to Medicare Resources (1st Quarter 2010), are now available from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network. Guided Pathways leads Medicare Fee-For-Service providers through a variety of resources organized by topic. Quickly explore these three easy-to-navigate online guides to learn important Medicare policy and requirements. Guided Pathways information is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.

MLN Matters® Number: MM6987 **Revised**

Related Change Request (CR) #: 6987

Related CR Release Date: June 11, 2010

Effective Date: July 12, 2010

Related CR Transmittal #: R1983CP

Implementation Date: July 12, 2010

Clarification on Use of the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) and Denial Letters

Note: This article was updated on December 6, 2012, to reflect current Web addresses. This article was previously revised on July 9, 2012, to add a reference to MM7821 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM7821.pdf>) to alert providers to the new manual instructions pertaining to ABNs. All other information remains unchanged.

Provider Types Affected

This article is intended for Skilled Nursing Facilities (SNFs) billing Medicare contractors (Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 6987 which clarifies that SNFs may use either the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) or Notices of Noncoverage (Denial Letters) for items and services expected to be denied under Medicare Part A. Be sure your billing staff is aware of these changes.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Background

Historically, SNF providers were instructed by Centers for Medicare & Medicaid Services (CMS) to use either the SNFABN (CMS Form 10055) or one of the 5 uniform Denial Letters for items and services expected to be denied under Medicare Part A to fulfill the notification requirements under Section 1879 of the Social Security Act and 42 CFR 411.404. However, the corresponding manual instructions stated that only the SNFABN could be used for this purpose. CR 6987 modifies the "Medicare Claims Processing Manual" to show that SNFs may use either the SNFABN (CMS Form 10055), which is available at <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/downloads/CMS10055.pdf>) or the Denial Letters for items and services expected to be denied under Medicare Part A. The Denial Letters are available at <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFSSNFABNandSNFDenialLetters.html> on the CMS website.

Additional Information

If you have questions, please contact your Medicare MAC or FI at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The official instruction (CR6987) issued to your Medicare A/B MAC and/or FI is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1983CP.pdf> on the CMS website.

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