

<b>CMS Manual System</b>	Department of Health & Human Services (DHHS)
<b>Pub 100-08 Medicare Program Integrity</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Transmittal 361</b>	<b>Date: December 10, 2010</b>
	<b>Change Request 6988</b>

**SUBJECT: Face Validity Assessment of Advance Beneficiary Notices (ABN) for Complex Medical Record Reviews**

**I. SUMMARY OF CHANGES:** This CR requires that a mandatory ABN (Advanced Beneficiary Notice), shall be requested as part of the ADR on all claims undergoing complex medical record review. Face validity assessment of the ABN shall be done if the claim is determined not to be reasonable and necessary.

**EFFECTIVE DATE: January 12, 2011**

**IMPLEMENTATION DATE: January 12, 2011**

*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**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	3/Table of Contents
<b>N</b>	3/3.15/Advanced Beneficiary Notice (ABN) and Complex Medical Record Review

**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.*

# Attachment - Business Requirements

Pub. 100-08	Transmittal: 361	Date: December 10, 2010	Change Request: 6988
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**SUBJECT: Face Validity Assessment of Advance Beneficiary Notice (ABN) for Complex Medical Record Review**

**EFFECTIVE DATE: January 12, 2011**

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## I. GENERAL INFORMATION

**A. Background:** Requesting any mandatory ABNs as part of the ADR on all claims during a complex medical record review and conducting face validity assessments of the ABNs will assist in ensuring that liability is assigned appropriately in accordance with the Limitation on Liability Provisions of §1879 of the Social Security Act.

**B. Policy:** The instructions in Pub. 100-04, Medicare Claims Processing Manual, chapter 30, section 50.6.3, address how to complete an ABN. Social Security Act Section 1833(e) states, in part "...no payment shall be made to any provider... unless there has been furnished such information as may be necessary in order to determine the amounts due such provider ...;"

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M  M A C	F I  M  C	C A  R E R	R H  R I  X	Shared-System Maintainers				OTHER	
							F I S S	M C S	V M S	C W F		
6988.1	Contractors shall request any mandatory ABNs (as part of the ADR) on all claims when performing a complex medical record review	X	X	X	X	X						CERT RAC PSC/ ZPIC
6988.2	If the claim is not reasonable and necessary and there is an ABN with the claim, the contractors shall perform the face validity assessment of the ABN with instructions stated in Pub. 100-04, chapter 30, section 50.6.3.	X	X	X	X	X						CERT RAC PSC/ ZPIC
6988.3	Contractors shall not be required to contact beneficiaries or providers to ensure the accuracy or authenticity of the ABN information	X	X	X	X	X						CERT RAC PSC/ ZPIC

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
		M A C	M A C				F I S S	M C S	V M S	C W F	
6988.4	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X	X	X	X					CERT RAC PSC/ ZPIC

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

X-Ref Requirement Number	Recommendations or other supporting information:
6988.2	Chapter 30 of the Medicare Claims Processing Manual (Financial Liability Protections)

**Section B: For all other recommendations and supporting information, use this space: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Andrea Glasgow andrea.glasgow@cms.hhs.gov

**Post-Implementation Contact(s):** Jesse Polansky jesse.polansky@cms.hhs.gov

### VI. FUNDING

**Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers, use only one of the following statements:**

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)*, include the following statement:**

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.

# Medicare Program Integrity Manual

## Chapter 3 - Verifying Potential Errors and Taking Corrective Actions

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### Table of Contents *(Rev, 361 Issued: 12-10-10)*

*3.15 - Advanced Beneficiary Notice (ABN) and Complex Medical Record Review*

***3.15 - Advanced Beneficiary Notice (ABN) and Complex Medical Record Review  
(Rev. 361 Issued: 12-10-10 Effective: 01-12-11, Implementation: 01-12-11)***

*This section applies to MACs, CERT, RACs, and ZPICs, as indicated. (All references to Medicare Administrative Contractors (MACs) include affiliated contractors (ACs). Affiliated contractors are FIs and carriers. All references to zone program integrity contractors (ZPICs) include program safeguard contractors (PSCs).)*

***A. General***

*All MACs, CERT, RACs and ZPICs shall request as part of the ADR, during a complex medical record review, a copy of any mandatory ABNs. If the claim is determined not be reasonable and necessary, then the contractor will perform a face validity assessment of the ABN in accordance with the instructions stated in Pub. 100-04, Medicare Claims Processing Manual, chapter 30, section 50.6.3.*

*The Face Validity assessments do not include contacting beneficiaries or providers to ensure the accuracy or authenticity of the information. Face Validity assessments will assist in ensuring that liability is assigned in accordance with the Limitations of Liability Provisions of Section 1879 of the Social Security Act.*