

ABN Decision Matrix: A Systematic Approach for Determining the Correct Use of the ABN for Audiologists

By Annette A. Burton

Determining when audiology care is or is not covered under the Medicare program and when an Advanced Beneficiary Notice (ABN) of Noncoverage is required has been a source of confusion and frustration for many audiologists. The objective of this article is to help you better understand Medicare coverage guidelines for audiologists and to provide a decision pathway that will allow you to determine whether or not an ABN is actually required.

This article assumes that you are familiar with the ABN and how to complete it. For those unfamiliar with the ABN, a link to the ABN and the instructions for the ABN are included in the "Resources" section below.

The ABN documents that a Medicare beneficiary or his/her representative has been notified in advance that the care they are going to receive may not be covered by Medicare. This notification allows the beneficiary to determine if he or she would like to proceed with the care, understanding that he or she will be financially responsible if Medicare does not pay for the service.

If you submit a claim on behalf of a beneficiary that Medicare determines to be a noncovered service, the beneficiary will not be financially responsible for the care if the ABN was not properly administered. If Medicare initially paid for the care, you will be asked to return the

payment and may not seek reimbursement from the beneficiary.

The ABN is only used for original (fee-for-service) Medicare beneficiaries for Part B services. It should be noted that there are Part A applications, but these do not apply to audiologists. The ABN cannot be used with Medicare Advantage (Part C) plans or other third-party payers. Medicare Advantage plans and third party payers may, however, have their own policies and forms regarding advance notification of noncoverage.

Mandatory ABN

Federal law indicates that advance notice of non-coverage for Original Medicare beneficiaries is mandatory in certain situations. These situations include

- Care that does not meet Medicare's definition of being reasonable and necessary
- Medicare supplier number requirements for medical equipment and supplies have not been met
- Medical equipment and/or supplies that are denied in advance
- Violation of the prohibition on unsolicited telephone contacts
- Custodial care

- Hospice care for patients who are not terminally ill

The situation relevant to audiologists involves care that does not meet Medicare's definition of being reasonable and necessary.

In the case of a mandatory notice of noncoverage, the entire form must be completed. The beneficiary must also choose an option box and sign the notice.

Voluntary ABN

ABN issuance is *NOT* mandatory in the following situations:

- Care that is statutorily excluded under the Medicare benefit
- Care that fails to meet a Medicare technical benefit requirement

Statutory exclusions are defined in the Social Security Act as care that is never covered by Medicare. Some examples for audiologists are hearing aids, screenings, and diagnostic testing without a physician/NPP order.

Some Medicare services are only covered if specific conditions in the provision of care are met. If a service has certain technical requirements for coverage and one of more of these conditions are not met, Medicare will not pay for the service. An example is when Medicare specifies that a service is covered only when a certain



Advance Beneficiary Notice (ABN) of Noncoverage Decision Matrix

Is the patient enrolled in the original Medicare program?

YES NO → ABN should not be used
↓

Is a licensed audiologist performing the service?

YES NO → Does not meet definition of a covered service. Mandatory ABN is not required, may utilize voluntary ABN if desired.
↓

Does Medicare cover the service when performed by an audiologist?*

YES NO → Does not meet definition of a covered service. Mandatory ABN is not required, may utilize voluntary ABN if desired.
↓

Did the physician or NPP order this service?

YES NO → Does not meet definition of a covered service. Mandatory ABN is not required, may utilize voluntary ABN if desired.
↓

In this instance, is this service considered routine?*

NO YES → Does not meet definition of a covered service. Mandatory ABN is not required, may utilize voluntary ABN if desired.
↓

In this instance, does Medicare consider this service medically reasonable and necessary?*

NO	MAYBE, NOT SURE	YES
↓	↓	↓
Mandatory ABN is required	Mandatory ABN is required	Covered services do not require ABN

**Please utilize guidance in the *Medicare Benefit Policy Manual*, chapter 15, section 80.3 and any Local Coverage Determinations (LCD) issued by your Medicare Administrative Contractor (MAC) to guide your decisions regarding coverage and medical necessity.

For more detailed information, see the CMS ABN webpage: <http://www.cms.hhs.gov/Medicare/Medicare-General-Information/BNI/ABN.html>.

type of provider administers the care (e.g., physicians or therapists).

Services that are not covered by statutory exclusion or that fail to meet Medicare's technical requirements are the financial responsibility of the patient. In situations when an ABN is not required, the ABN can be issued to a Medicare beneficiary on a voluntary basis.

Issuing a voluntary ABN is always optional and is a personal practice decision. Voluntary ABNs are a good practice when possible, as it allows the beneficiary to have written documentation of why the care they are about to receive is not covered by Medicare. The beneficiary is not required to choose an option box or sign the voluntary ABN.

ABN Determination Process

To determine when an ABN must be issued, you will need to have a good understanding of the Medicare coverage guidelines for audiology services. The general principles are covered in this article, but you are encouraged to personally become familiar with Medicare's guidance on audiology procedures. You can find this information in Chapter 15 sections 80.3 and 80.3.1 of the *Medicare Benefit Policy Manual*. You will also need to review any local coverage determinations relating to particular procedures issued from your local Medicare Administrative Contractor (MAC).

Basically, Medicare covers only *diagnostic* audiology services performed by a *licensed* audiologist which Medicare considers medically reasonable and necessary. Please see Chapter 15 section 80.3 C for specifics about when audiology services are and are not covered.

Armed with coverage requirements, you can use the following decision matrix to determine if an

ABN is required. This matrix can be applied to any item or procedure that a Medicare beneficiary will receive from an audiologist.

Let's look at two clinical scenarios using the matrix to determine whether an ABN is required.

1. Mrs. Smith has impacted cerumen that needs to be removed before impressions can be taken for her new earmold. You are an independently practicing audiologist, trained in impacted cerumen removal, and there are no provisions in your state licensing law prohibiting cerumen removal as part of the audiology scope of practice. Is an ABN required for this procedure?

- Does the patient have original Medicare? Yes
- Is a licensed audiologist performing this procedure? Yes
- Is this procedure covered by Medicare when performed by an audiologist? No

Mandatory ABN is not required

Of course it goes without saying that Mrs. Smith is very willing to pay you for your time and expertise to perform this necessary service as part of her hearing care. You can offer her a voluntary ABN for her records.

2. Mr. Johnson has otosclerosis, and his physician has recommended periodic tests to monitor the progression of this condition in order to make future surgical decisions.

- Does the patient have original Medicare? Yes
- Is a licensed audiologist performing this procedure? Yes
- Is this procedure covered by Medicare when performed by an audiologist? Yes
- Has this test been ordered by a physician? Yes
- Is this test routine? No (I don't believe so; we are monitoring a medical condition.)
- In this instance, does Medicare consider this reasonable and necessary? Maybe (I think they should, but maybe my Medicare Administrative Contractor or Recovery Audit Contractor may not agree, as there are no apparent new signs or symptoms.)

Mandatory ABN is required

When Mr. Johnson chooses Option 1, submit the claim to Medicare using the GA modifier. Medicare will make the determination if in this instance the care is medically



ALSO OF INTEREST

Review the ABN Quick Reference Guide and other relevant ABN resources on the Academy's Web site.

Visit www.audiology.org and search keywords "Participating in Medicare" or use the QR code to view the guide on your mobile device.

reasonable and necessary. Your MAC may request records to assist them with this determination. If Medicare determines this is not medically reasonable and necessary, Mr. Johnson is financial responsible for the care

Submitting Claims

In certain instances, you will need to submit claims to Medicare at the request of the beneficiary or for denial so that the beneficiary's secondary payer will cover the care. In these cases, you must append a modifier to the procedure code. Failure to use the proper modifier can result in an incorrect initial coverage determination and/or claim processing delays.

The two main ABN modifiers are GA and GY; a more complete explanation of all the modifiers related to the ABN is included in the references.

- GA: Indicates that you believe that the item or service *may not* be covered and a mandatory ABN has been issued.
- GY: Indicates that you believe that the item or service is *never* covered.

It is important to keep in mind that the ABN is only mandated in certain situations for audiology, and these situations typically surround the question of medical necessity. Because of Medicare's very narrow coverage definition for the audiologist's provision of hearing and balance care, an ABN will not be mandatory in most cases. The use of a voluntary ABN is a good practice. Please remember, services that are not covered by statutory exclusion or that fail to meet the technical requirements of the Medicare benefit are the responsibility of the patient. 🗣️

Annette A. Burton, AuD, is the director

of audiology at the Easter Seals Center for Better Hearing in Connecticut. She is currently the chair of the Academy's Coding and Reimbursement Committee.

References/Resources

Advanced Beneficiary Notice of Noncoverage Instructions and Form www.cms.hhs.gov/Medicare/Medicare-General-Information/BNI/ABN.html

American Academy of Audiology. (2010) Advanced Beneficiary Notices: usage for voluntary (noncovered) services—Medicare only. *Audiol Today* 22(3):60.

Medicare Benefit Policy Manual, Chapter 15, Sections 80.3 and 80.31. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads//bp102c15.pdf.

Medicare Claims Processing Manual, Chapter 30, Section 50. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads//clm104c12.pdf.

