

**Title:** ABN for Check In

**Application:** Ambulatory, Cadence

**Affected Role:** CSR

**Date:** 9/25/2017

**Revision Number:** 1

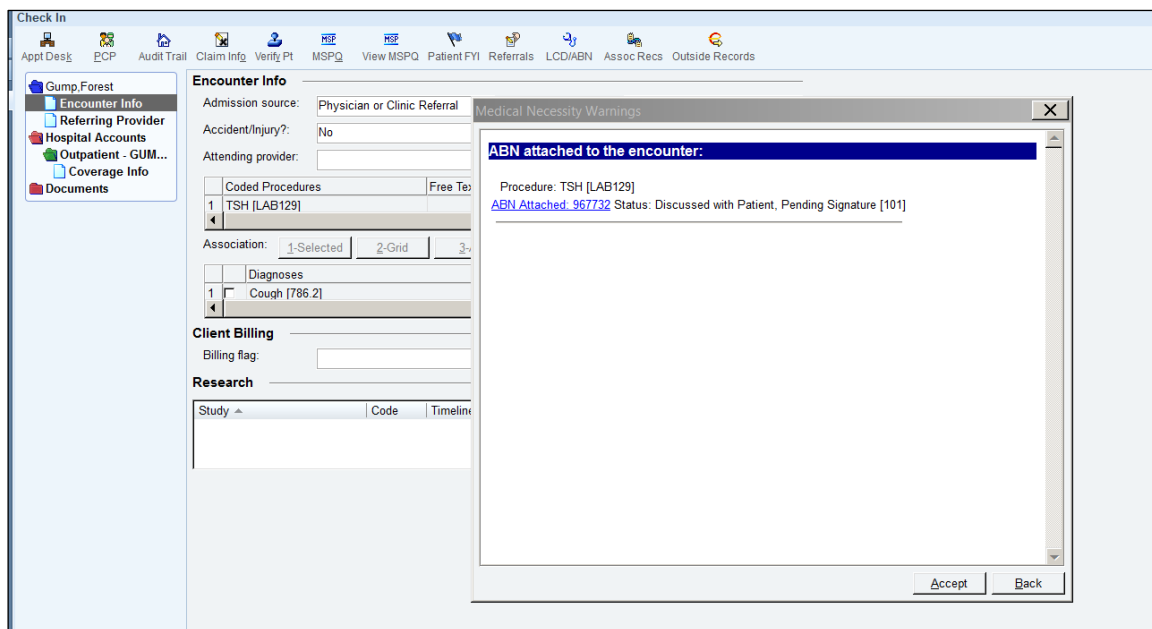
Epic's ABN functionality allows the patients to learn in advance which procedures may not covered and lets them make an informed choice about going forward with the procedure.

If the patient does go forward with the procedure, Henry Ford must secure a signed ABN waiver form at check in. The form indicates the patient's acceptance of financial responsibility for non-covered services and allows Henry Ford to bill the patient.



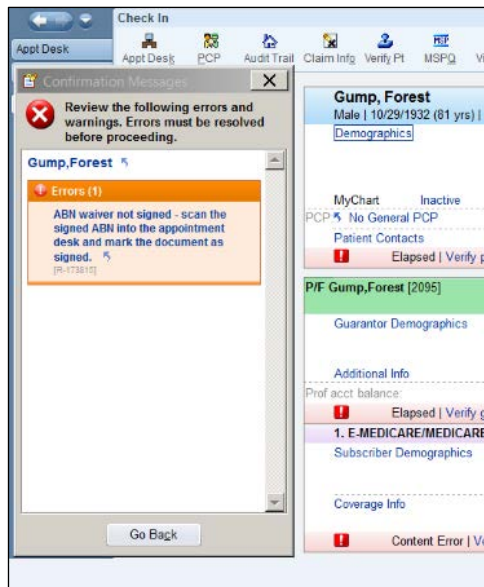
## Try It Out

1. An ABN warning may trigger when you are checking in or walking in an appointment. It is based on the combination of procedure and diagnosis that the ordering provider has identified.
  - a. You may see the ABN warning when leaving Encounter Info form in registration. Click the blue hyperlink; this will take you to Advance Notice Form



The screenshot shows the Epic Encounter Info form. On the left is a navigation pane with options like 'Gump, Forest', 'Encounter Info', 'Referring Provider', 'Hospital Accounts', 'Outpatient - GUM...', 'Coverage Info', and 'Documents'. The main form area has several tabs: 'Encounter Info', 'Medical Necessity Warnings', 'ABN attached to the encounter:', 'Procedure: TSH [LAB129]', and 'ABN Attached: 967732 Status: Discussed with Patient, Pending Signature [101]'. The 'Encounter Info' tab is active, showing fields for 'Admission source: Physician or Clinic Referral', 'Accident/Injury?: No', 'Attending provider:', 'Coded Procedures' (with a list including '1 TSH [LAB129]'), 'Association: 1-Selected, 2-Grid, 3-', 'Diagnoses' (with a list including '1 Cough [786.2]'), 'Client Billing', 'Billing flag:', 'Research', and 'Study' (with columns for 'Study', 'Code', and 'Timeline'). The 'Medical Necessity Warnings' tab is also visible, showing a warning message.

- b. You may also see the warning when trying to complete registration. Click the blue hyperlink; this will take you to the Encounter Info form.



**Confirmation Messages**

Review the following errors and warnings. Errors must be resolved before proceeding.

**Gump, Forest**

**Errors (1)**

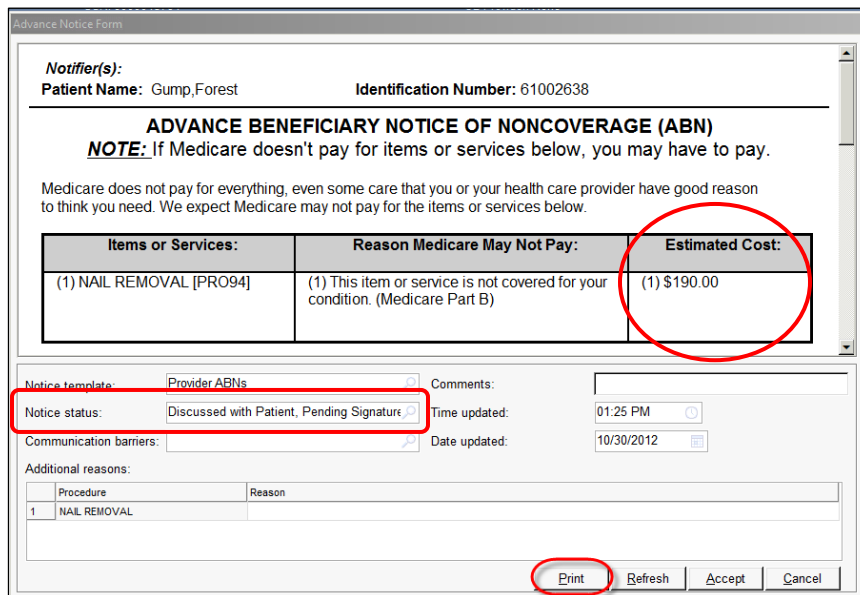
ABN waiver not signed - scan the signed ABN into the appointment desk and mark the document as signed. (R-13810)

**Gump, Forest**  
Male | 10/29/1932 (81 yrs) |  
[Demographics](#)

MyChart Inactive  
PCP No General PCP  
Patient Contacts  
Elapsed | Verify p  
PIF Gump, Forest [2095]  
Guarantor Demographics  
Additional Info  
Prof acct balance:  
Elapsed | Verify g  
1. E-MEDICARE/MEDICARE  
Subscriber Demographics  
Coverage Info  
Content Error | V

Go Back

2. The hyperlink inside the ABN warning will take you to the Advance Notice Form. Please review the following screen:



**Advance Notice Form**

**Notifier(s):**  
Patient Name: Gump, Forest Identification Number: 61002638

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

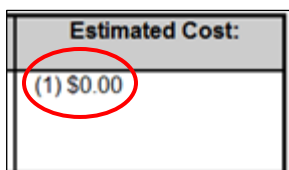
**NOTE:** If Medicare doesn't pay for items or services below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the items or services below.

Items or Services:	Reason Medicare May Not Pay:	Estimated Cost:
(1) NAIL REMOVAL [PRO94]	(1) This item or service is not covered for your condition. (Medicare Part B)	(1) \$190.00

Notice template: Provider ABNs  
Notice status: Discussed with Patient, Pending Signature  
Communication barriers:  
Additional reasons:  
Procedure Reason  
1 NAIL REMOVAL  
Print Refresh Accept Cancel

3. Review the **Estimated Cost** part of the ABN:
- a. If there is no price or a price of "\$0.00" associated with the procedure, set the **Notice status** to **Void**. Do not discuss with the patient. If this is a lab procedure and you did not see an associated price, please also log a HelpDesk ticket to the CDM team.



**Estimated Cost:**

(1) \$0.00

- b. If there is a price associated with the procedure, do not void the ABN. See the scripting section at the end of this tipsheet for suggested scripts in your discussion with the patient.

<b>Estimated Cost:</b>
(1) \$190.00

4. If the patient changes their mind about having the procedure, please complete the following:

- a. Update the **Notice Status** to **ABN Refused- Service Not Performed**.

Notice template:	Provider ABNs	Comments:
Notice status:	ABN Refused--Service Not Performed [8]	Time update
Communication barriers:		Date update
Additional reasons:		
	Procedure	Reason
1	TSH	

Reminder: Do not Void an ABN that contains a price.

- b. If the patient is going to have other tests during the visit that do not require an ABN and would like to go ahead with scheduling the rest of the visit, unlink the ABN-related order from the appointment.

\*Access **Appointment Desk**, right-click on the appointment, and **uncheck** the order. Then proceed with checking in the rest of the visit.

Future	Past	Admissions	Referrals	Orders
Date	Time	Len	Visit Type	Provider
1/23/2014 Thu	8:30a	60	TRANSCRANIAL DOPPLER [40118]	WBH TCD [R2234]
<div> Reg Appointment Contact  Edit Appointment Info  Edit Appointment Notes  Edit EOD Status List  Order Entry  Order Review  Release Order  <b>Link Orders</b> </div>				

Appointment Orders						
Linked	F/S	P	Procedure	Ordering Provider	Order Date	Expected D...
<input type="checkbox"/>			Futu... R... Transcranial...	Raymond D Allard	1/20/2014	

- c. If the patient is not going to have any other tests and the entire visit needs to be cancelled, access the **Appointment Desk** and click **CAN/RSCH** to cancel.

Future	Past	Admissions	Referrals	Orders		
Date	Time	Len	Visit Type	Provider	Dept	Ap
1/23/2014 Thu	8:30a	60	TRANSCRANIAL DOPPLER [40118]	WBH TCD [R2234]	WBH NEUR DG [1040010052]	
<div> Reg Appt  Asgn Rfl  Check In  Check Out  <b>Can/Rsch</b>  Change  Edit Notes  Appt Info </div>						

5. If the patient would like to go forward with the procedure, click **Print** to print the ABN Waiver form.

6. Secure patient signature on the printed form; ask patient to mark the preferred option:

**OPTIONS: Check only one box. We cannot choose a box for you.**

☐ **OPTION 1.** I want the items or services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

☐ **OPTION 2.** I want the items or services listed above, but do not bill Medicare. You may be asked to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

☐ **OPTION 3.** I don't want the items or services listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

<b>Signature:</b>	<b>Date:</b>
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7. Mark the **Notice status** based on your discussion with the patient:

- a. If the patient agrees to the test and signs the ABN Waiver form marking Option 1 or Option 2, set the Notice status to:
  - i. **ABN Signed, Service Accepted, Bill Medicare** (Option 1) or
  - ii. **ABN Signed, Service Accepted, Do not bill Medicare** (Option 2)
- b. If the patient refuses to sign the ABN, that must be documented and the specimen requiring the ABN would not be collected (other labs not requiring the ABN can be collected)... then scan ABN for the record.
- c. If the patient changes their mind on having the procedure, set the status to:
  - i. **ABN Signed, Service Declined** (if patient signed with Option 3)
  - ii. **ABN Refused, Service Not Performed** (if the ABN form has not been signed and the provider will not be going forward with this procedure)

to think you

Category Select

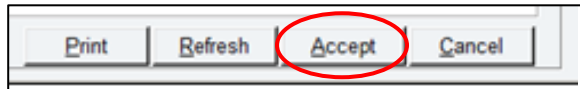
Search:

△ Title	Number
ABN Refused-Noted on form, Signed by Two Witnesses	7
ABN Refused-Service Not Performed	8
<b>ABN Signed, Service Accepted (Option 1 - Bill Medicare)</b>	<b>3</b>
ABN Signed, Service Accepted (Option 2 - Do not bill Medicare)	9
ABN Signed, Service Declined	6
ABN Void (Order Canceled or Changed, ABN No Longer Applies)	5
Discussed with Patient, Pending Signature	101
Notice Printed	2
Notice Triggered	1

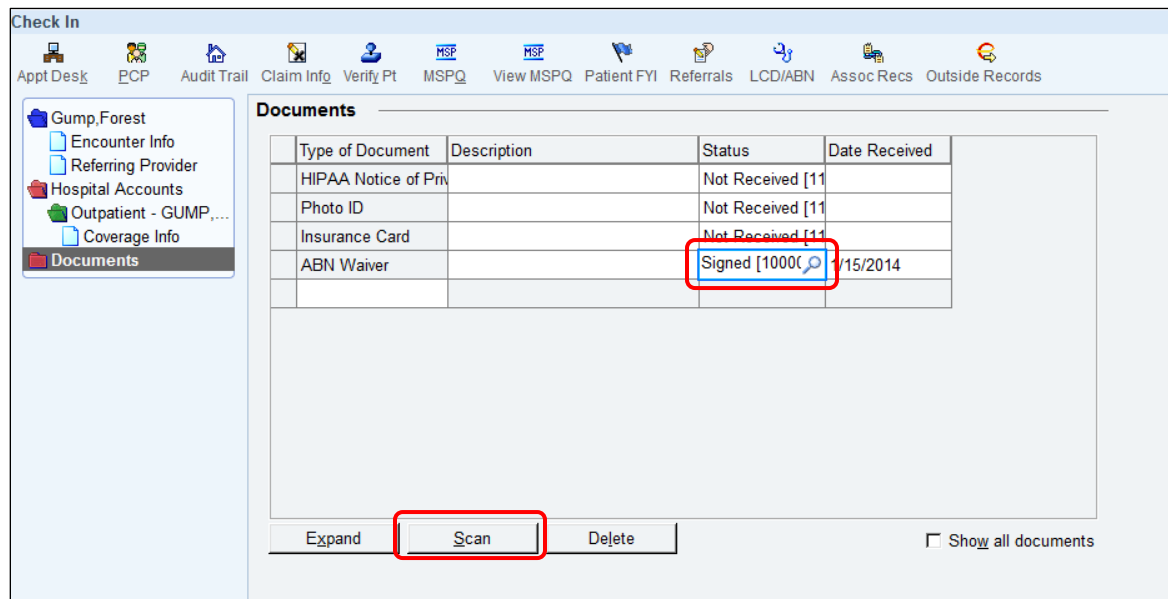
9 categories loaded.

Accept Cancel

8. Click **Accept** to confirm the Notice status and click **Accept** to exit out of the Advance Notice Form.



9. Scan the **ABN Waiver** form into the Documents table. Mark the Status as **Signed** if it is not updated automatically.



Type of Document	Description	Status	Date Received
HIPAA Notice of Privacy		Not Received [11/15/2014]	
Photo ID		Not Received [11/15/2014]	
Insurance Card		Not Received [11/15/2014]	
ABN Waiver		Signed [1000]	11/15/2014

10. Proceed with check-in/walk-in.



## Scripting

### When the warning appears and you see a price next to the test, say:

☐ “Welcome to your appointment. The services you are scheduled for today may not be covered by Medicare. If you would like, we can still bill Medicare but I need you to sign an Advanced Beneficiary Notice today which acknowledges you are responsible for any charges not covered by Insurance. Did your physician discuss this with you when they referred you for this test?”

### If the patient asks for more information:

☐ “I would be happy to explain. Medicare does not cover all procedures. This particular procedure is one of them. We can still try to bill Medicare for you, however, the remaining balance will be your responsibility. If you have further questions, please contact your ordering physician. Would you like to proceed?”

### If the patient agrees to still have the procedure and to sign the form:

☐ Ask the patient if they would still like to try to bill Medicare for this procedure.

☐ Print the ABN Waiver form, secure the patient’s signature on the ABN, mark the Notice Status as **Signed – Bill Medicare** or **Signed – Do Not Bill Medicare**, and scan the form into the Documents table.

### If the patient declines to sign the form and your department will not administer the test:

☐ Print the ABN Waiver form, mark the Notice Status as **Refused – Service Not Performed**. If the patient is not having any other tests in this visit, cancel the scheduled appointment. If the patient is having other lab tests that he does not need an ABN for, unlink the order from the appointment and continue check-in/walk-in. For details, please see section 4 of the tipsheet.

## Red boxes indicate conversation with the patient

### ABN Workflow

