

# PROVIDER BULLETIN

## PROVIDER INFORMATION



July 14, 2014

### **Discontinuation of the Advance Beneficiary Notices of Non-Coverage (ABN) Form**

In accordance with instructions received from the Centers for Medicare & Medicaid Services (CMS) on May 5, 2014, the Advance Beneficiary Notices of Non-coverage (ABN) form can no longer be used for Medicare Advantage or Medicare Cost Plan enrollees. Please discontinue use of this form immediately. An ABN is a written notice given to a Medicare beneficiary by a physician, provider, or supplier (including laboratories) before an item or service is rendered when the provider believes that Medicare payment for the item or service may be denied.

#### **The ABN discontinuation impacts the following products**

- Platinum Blue<sup>SM</sup> (Cost)
- SecureBlue<sup>SM</sup> (HMO SNP)
- Blue Essentials (HMO-POS)

CMS requires that a Medicare Advantage Plan or Medicare Cost Plan inform a subscriber if a service is covered, at the subscriber's request, within 14 days of the request. Subscribers should contact customer service at **1-888-740-6013** and providers should call **1-800-262-0820** to determine if a service is covered. If the customer service representative is unable to determine coverage during the call, a predetermination of coverage request can be submitted to Integrated Health Management (IHM) for review. That process is described in Chapter 4 of the Provider Policy and Procedure Manual (See Medical Policy, Pre-Certification & Pre-Authorization Request Forms). To access the manual go to **providers.bluecrossmn.com**.

#### **For providers requesting a predetermination of coverage**

The Pre-Authorization/Prior Approval Request Form should be completed and submitted with relevant clinical documentation to Utilization Management, P.O. Box 64265, St. Paul, MN 55164 or faxed to **651-662-2810**. To access the form go to **providers.bluecrossmn.com**.

All Pre-Authorization forms received by Utilization Management for:

- Platinum Blue Part B services and Blue Essentials services will be reviewed using CMS coverage policy guidelines for services performed. If no Medicare guideline exists, Blue Cross policy guidelines will apply.
- SecureBlue services will be reviewed using CMS coverage policy guidelines for service performed first, then Minnesota Health Care Programs (MHCP) guidelines. If no Medicare or MHCP guidelines exist, Blue Cross policy guidelines will apply.

#### **Additional information**

For more information, please see the related publication Improper Use of Advance Notices of Non-Coverage. <https://intermountainphysician.org/selecthealth/Documents/Improper%20ABN%20Use%2005%2005%2014.pdf>

#### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.