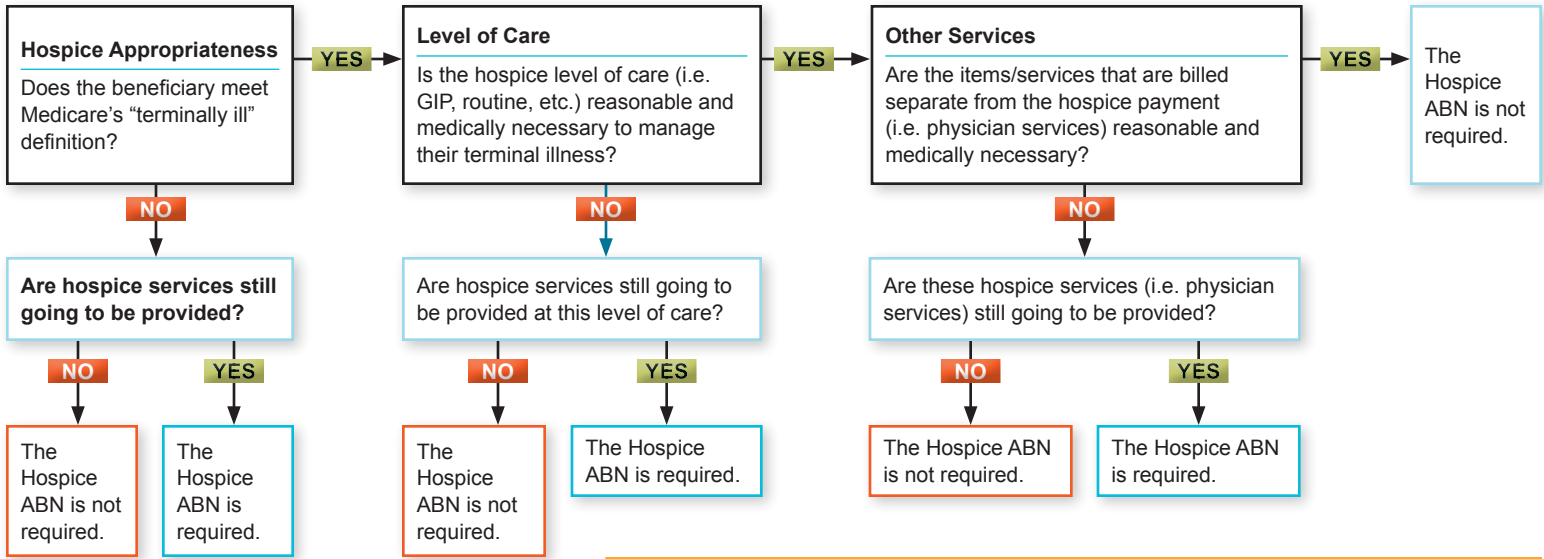


Hospice Guidelines for the Advance Beneficiary Notice of Noncoverage (ABN) (CMS-R-131)



For more information, go to:

- "FFS ABN" Web page
<http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>
- CMS Pub. 100-04, Ch. 30, section 50.15.3
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>

Other situations in which a Hospice ABN is **NOT** required:

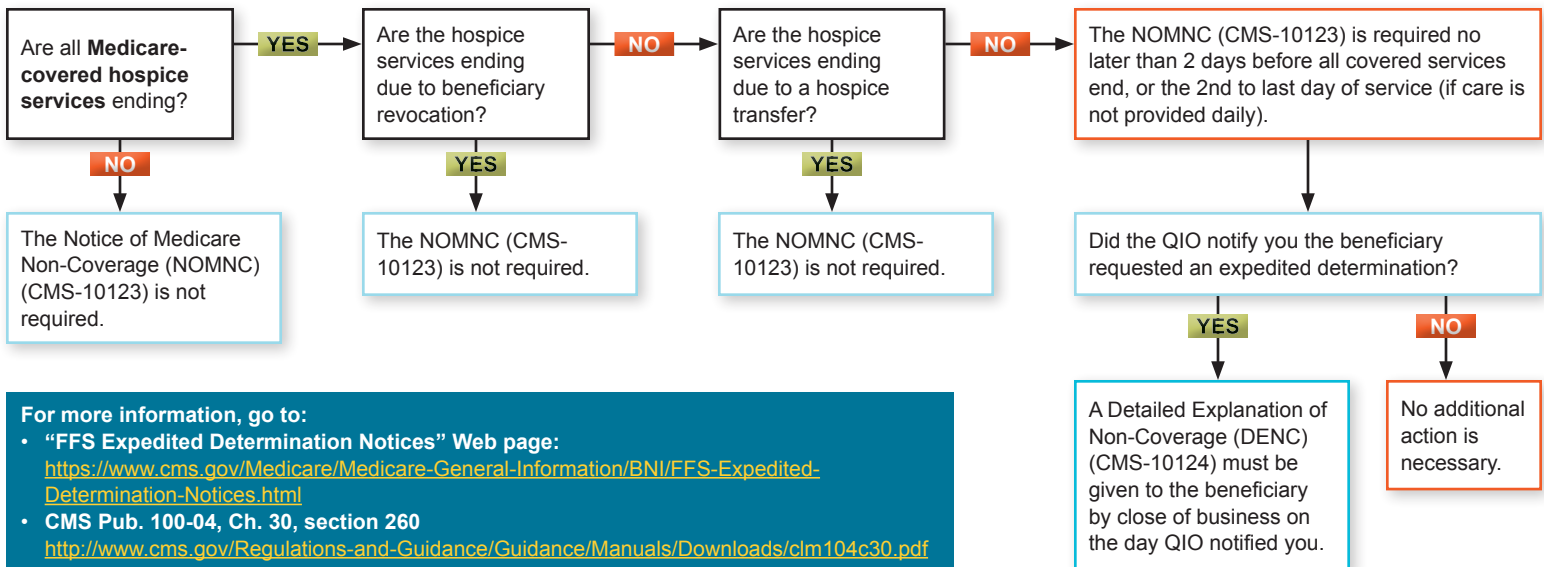
- Revocations
- Respite care exceeding five consecutive days*
- Transfers
- Untimely Face to Face Encounter
- Room and board for nursing facilities
- Services unrelated to the terminal diagnosis

* Providers are encouraged to give the ABN as a voluntary notice in these cases.

Note: The ABN can also be issued voluntarily in place of the Notice of Exclusion of Medicare Benefits (NEMB) for care that is never covered by Medicare.

Hospice Guidelines for the Expedited Determination (ED) Process

Using the Notice of Medicare Non-Coverage (NOMNC) (CMS-10123) and Detailed Explanation of Non-Coverage (DENC) (CMS-10124)



For more information, go to:

- "FFS Expedited Determination Notices" Web page:
<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-Expedited-Determination-Notices.html>
- CMS Pub. 100-04, Ch. 30, section 260
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>