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Compliance Hotline

Type: <http://157.21.29.163/Compliance/>

and click on Hotline. EVMS Health Services Compliance concerns may also be sent to the EVMS Health Services Compliance Office via phone, mail or e-mail.

Contact Us

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Services Provided in Assisted Living Facilities

EVMS Health Services physicians and non-physician practitioners in several departments provide services to patients in assisted living facilities such as Westminster Canterbury and Harbor's Edge. The following CPT and Place of Service codes should be used for evaluation and management services to patients in these locations.

For patients residing in their own apartments:

Use CPT codes **99324-99328** (new patients) or **99334-99337** (established patients) Domiciliary, Rest Home or Custodial Care Services

With Place of Service code **13** (Assisted Living Facility).

These patients may be seen in their apartments or in the clinic area.

For patients residing in the nursing facility areas:

Use CPT codes **99304-99306**, Initial Nursing Facility Care or **99307-99310** Subsequent Nursing Facility Care

With Place of Service Code **31** (SNF) if patient is in a Part A SNF stay and Place of Service Code **32** (nursing facility) if the patient does not have Part A SNF benefits.

Revised Advance Beneficiary Notice of Noncoverage (ABN)

On March 3, 2008 CMS implemented use of a revised ABN form. A six month grace period to allow transition from the General Use ABN (CMS-R-131-G) and Lab ABN (CMS-R-131-L) to the new single form was scheduled to end September 1, 2008. With no prior notice or formal announcement that date has been changed. The current ABN forms will no longer be valid beginning

March 1, 2009.

The revised ABN form for EVMS Health Services providers is now available from Brothers Printing and will also be available on the EHR. Information about the form and use of the form has been given to all administrators and practice and office managers. Although CMS is allowing additional time for implementation, EVMS Health Services recommends that you begin using the new form. The circumstances and procedure for using an ABN remain the same.

An ABN is a written notice provided to the Medicare patient before services are rendered when the physician believes that Medicare will probably/certainly not pay for some or all of the services because of medical necessity. The ABN allows the beneficiary to make an informed decision about whether or not to receive services that he or she may be financially responsible for paying. It serves as proof that the patient knew that Medicare might not pay. If a physician does not deliver a proper ABN to the patient then the patient cannot be billed for the service.

Key features of the new form are that it:

- has a new official title, the "Advance Beneficiary Notice of Noncoverage (ABN)";
- replaces both the existing ABN-G and ABN-L;
- may also be used for voluntary notifications, in place of the Notice of Exclusion from Medicare Benefits (NEMB);
- has a mandatory field for cost estimates of the items/services at issue; and
- includes a new beneficiary option, under which an individual may choose to receive an item/service, and pay for it out-of-pocket, rather than have a claim submitted to Medicare.

The revised form and instructions may be found at: www.cms.hhs.gov/bni Detailed manual instructions for the revised form have not yet been posted to the site.

Compliance Discussion Groups for September 2008

Topic: HIPAA Training
Dates: Tuesday, Sept 16 & Thursday, Sept 18, 2008
Location: Hofheimer Hall, Room 758
Time: Noon to 1:00 p.m.
RSVP by email or phone to Leanne Smith (451-6207).
Bring your lunch. Snack & drinks will be provided.