

ABN/HHCCN Quick Reference

| | Situation/Event | ABN | HHCCN Box 1 (MD Order) | HHCCN Box 2 (Agency Decision) | Medicare Notice of Non-Coverage | No Notice Needed | Comments/Rationale | |
|---------------|--|-----|------------------------|---|---------------------------------|------------------|--|---|
| Initiation | Services initiated, but not coverable by Medicare (e.g. not homebound, not skilled); Visit(s) <u>WILL</u> be billed to Medicaid, other insurer, or patient. | X | | | | | Patient must be notified Medicare won't pay for this service | |
| | Insurance change from Medicare to Medicaid | X | | | | | Same as above | |
| | Patient visit to evaluate for admission but not taken for care. Visit not being billed. | | | | | X | No patient liability. Indicate 1 x visit on NOA. | |
| Reduction | Visits missed due to natural disaster (e.g. blizzard) | | | | | X | Exception. Not a true reduction. | |
| | Visits ordered 3x/wk, patient requests reduction to 1x/wk | | | | | X | Patient choice to decrease visits. Document in Medical Record | |
| | Visits ordered 3x/wk, MD orders reduction to 1x/wk | | X | | | | Reduction not previously planned | |
| | Visits 1x/wk; recertification orders for 2x/month | | X | | | | Reduction not previously planned | |
| | MD orders BID wound care, MD changes orders to QD | | X | | | | Reduction not previously planned | |
| Termination | PT ordered 2-3/wk for <u>4 wks</u> , D/C after 4 wks with goals met, SN to continue | | | | | X | Services delivered according to plan. | |
| | Unsafe home situation | | | X | | | Agency decision. Notice of Medicare Non-coverage not needed. | |
| | Services ending due to no longer homebound | | | | X | | End of all skilled service. | |
| | All goals met, pt requests continued SN for MP prefill | X | | | | X | Notice of Medicare Non-coverage for D/C of skilled service; ABN for initiation of non-covered service. | |
| | Pt requests discharge; chooses to go to outpatient PT | | | | | X | Document pt choice in Medical Record | |
| | SN 1-3x/wk x 4 wk; goals met in 2 wks, no other service | | | | | X | End of all skilled service. | |
| | SN 1x/week, with telemonitoring. Telehealth D/C'd, SN to continue. | | | | | | X | Not a Medicare benefit and patient not being charged. |
| General Rules | ABN is used <ul style="list-style-type: none"> when non-covered care is initiated, and there may be financial liability to the patient or another insurer. must be reissued annually while patient is on service. HHCCN is used <ul style="list-style-type: none"> when care is reduced or terminated because the physician has ordered the change, other services continue; discipline DC when care is reduced or terminated for agency reasons, not because of Medicare coverage reasons (e.g. insufficient staffing, safety). <hr/> <ul style="list-style-type: none"> ABN/HHCCN should be given in person when possible. No abbreviations | | | EXCEPTIONS -- NO ABN or HHCCN NEEDED <ol style="list-style-type: none"> Transfer to other agency or another level of care Emergency or unplanned situations beyond our control For providing care that is never covered by Medicare For initial assessment, patient not admitted For changes anticipated in POC All services ending with goals met or MD order (issue NOMNC) Changes requested by patient (document in record) Services never covered by Medicare (e.g. telehealth) DC or POC change for Private Insurance (non-Medicare/Medicaid, or Medicare/Medicaid HMO. No DC form required. | | | | |