

Skilled Nursing Facility Advance Notice of Non-coverage (SNF ABN), Form CMS-10055

FAQs April 2018

Q1: What is the SNF ABN and when should we use the form?

A1: The SNF ABN is a liability notice that informs Original Fee-for-service (FFS) Medicare beneficiaries of their potential financial responsibility for items or services, that would normally be paid for by Medicare (under the SNF Prospective Payment System (PPS)), but that may not be paid for by Medicare because they are:

- not medically reasonable and necessary, or
- custodial care.

When applicable, the SNF must give the beneficiary, in order to transfer financial liability to the beneficiary, the SNF ABN prior to the SNF giving the beneficiary the items or services mentioned above.

Q2: What policy has changed with the new revised SNF ABN, Form CMS-10055 (2018)?

A2: There has been no policy changes with the newly revised SNF ABN (2018). The SNF ABN is mandatory in order for the SNF to transfer financial liability to the beneficiary. The newly revised SNF ABN takes the place of the 5 SNF Denial Letters, the Notice of Exclusion from Medicare Benefits - Skilled Nursing Facility, Form CMS-20014 (NEMB-SNF) and the old version of the SNF ABN. Below is the list of the 5 SNF Denial Letters:

- * INTERMEDIARY DETERMINATION OF NONCOVERAGE
- * UR COMMITTEE DETERMINATION OF ADMISSION
- * UR COMMITTEE DETERMINATION ON CONTINUED STAY
- * SNF DETERMINATION ON ADMISSION
- * SNF DETERMINATION ON CONTINUED STAY

Q3: Can the SNF ABN also be given, but is not necessary to transfer financial liability to the beneficiary? When would we issue the SNF ABN in this instance?

A3: The newly revised SNF ABN replaced the NEMB-SNF, Form CMS-20014. Prior to the release of the new SNF ABN, the NEMB-SNF was used to notify Original FFS Medicare beneficiaries of their potential financial responsibility for items or services that Medicare never pays for. For example, if the beneficiary does not have a 3 day qualifying inpatient hospital stay. The SNF stay would never be covered by Medicare because the statutory requirement of having a 3 day qualifying inpatient hospital stay was not met. Therefore, a SNF may issue the revised SNF ABN.

Please note that CMS encourages SNFs to issue the SNF ABN in these instances.

Q4: Should we still use the NOMNC (CMS-10123) and DENC (CMS-10124)?

A4: It is important to note that there is no policy change regarding the delivery of the NOMNC and DENC as a result of the newly revised SNFABN. The NOMNC and DENC must continue to be used to inform beneficiaries of their right to a review by a BFCC-QIO when their Medicare covered services are ending, as per current instructions. Instructions for these notices can be found in Section 260 of Chapter 30 of the CMS Internet Only Manual, found at the link, below.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c30.pdf>

Q5: What other notices may a SNF issue?

A5: The SNF may also issue the Advance Beneficiary Notice of Non-coverage, Form CMS-R-131 (ABN). For items or services paid under Medicare Part B that may be denied as not medically reasonable and necessary, the SNF must issue the ABN to Original FFS Medicare beneficiaries in order to transfer financial liability to the beneficiary.

As mentioned above, the NOMNC may also be issued, when applicable.

Q6: Where can I get more information on the SNF ABN?

A6: Information on the SNF ABN, the form and the form instructions can be downloaded from

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-SNFABN-.html> .

If you have any SNF ABN specific questions that aren't answered by reviewing our webpage documents, you can send an email to: BNImailbox@cms.hhs.gov