



Advance Beneficiary Notice of Noncoverage (ABN) Information Guide

About

The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to Original Medicare (fee for service - FFS) beneficiaries in situations where Medicare payment is expected to be denied. The ABN is issued in order to transfer potential financial liability to the Medicare beneficiary in certain instances.¹

ABN Forms

An ABN form in its original format must be used for all Medicare Part B patients. The forms (in English and Spanish) and instructions for filling out the form are linked below.

Note: If your patient is a Medicare Part C (Medicare Advantage) patient, each carrier may have their own specific format that they will require you to use. Please check with the individual carrier for specifics. Commercial carriers will generally accept the CMS format for having an ABN on file.

Please remember that the ABN must be completed prior to the procedure being performed.

ABN Forms: Quidel InflammADry®

Linked below is an ABN template specific to Quidel's InflammADry test.

Quidel InflammADry Intended Use

InflammADry is a rapid, immunoassay test for the visual, qualitative, *in vitro* detection of elevated levels of the MMP-9 protein in human tears, from patients suspected of having dry eye.² It is a product that tests for Dry Eye Disease (DED).

Please visit the Quidel [InflammADry](#) page for more information about the product.

Links

CMS ABN Form: <https://www.cms.gov/medicare/medicare-general-information/bni/abn.html>

CMS ABN Form Instructions: <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Form-Instructions.pdf>

American Society of Cataract and Refractive Surgery, Volume 45 Issue 5 May 2019

Questions

For questions regarding the Quidel ABN form, please contact [CodeMap](#) at 312.291.8408, or e-mail quidel@codemap.com.

¹ <https://www.cms.gov/medicare/medicare-general-information/bni/abn.html>

² <https://www.quidel.com/sites/default/files/product/documents/EF1344100EN00.pdf>

A. Notifier:

B. Patient Name:

C. Identification Number:

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NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
MMP-9, 83516 Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	They do not pay for these tests for your condition They do not pay for experimental or research use tests	

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.