

## Notice of Non-Coverage Guidelines For Medicare Part B In The SNF

As of 2014

Form Name	Form #	Situation Form Is Used For	Timing
<b>ABN (Part B Advanced Beneficiary Notice)</b>	<b>CMS-R-131 (Updated 3/2011)</b>	Medicare Part B resident wants to continue therapy after services are no longer medically necessary and the facility plans to provide the services. This includes if resident has or has not reached the therapy cap.	Required if SNF feels services are not reasonable and necessary and will provide the services. Form needs to be provided prior to providing services. Optional if services are excluded by statute (Non-Medicare covered items such as lonto, Anodyne, etc.) . Do not need to give form if services aren't going to be provided after discontinuation of medically necessary therapy.
		*This form does not cover therapy provided beyond the cap that is denied by Medicare or any therapy service denied by Medicare that was thought to be necessary/skilled	
		For residents admitted that did not qualify for Part A and received skilled therapy services under Part B OR for those that exhausted A and continued skilled therapy under B, issue form CMS-R-131 upon completion of Med B services (see below)	

\*\*If resident is on a Part B program that is less than 5x/wk (i.e.: Does not meet Skilled requirements of 5x/wk for Part A), or if the resident is on a Part B program that is not an extension from a Med A covered stay, no forms are needed (i.e.: Resident is long-term care, is placed on PT 3x/wk for 4 wks for decline. No forms necessary when therapy program is discharged by PT and physician.)

Regulations based on CFR (42 CFR CH. IV (10-1-05 Edition) Section 405.1200 and Medicare Claims Processing Manual, Chapter 30, Section 50

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