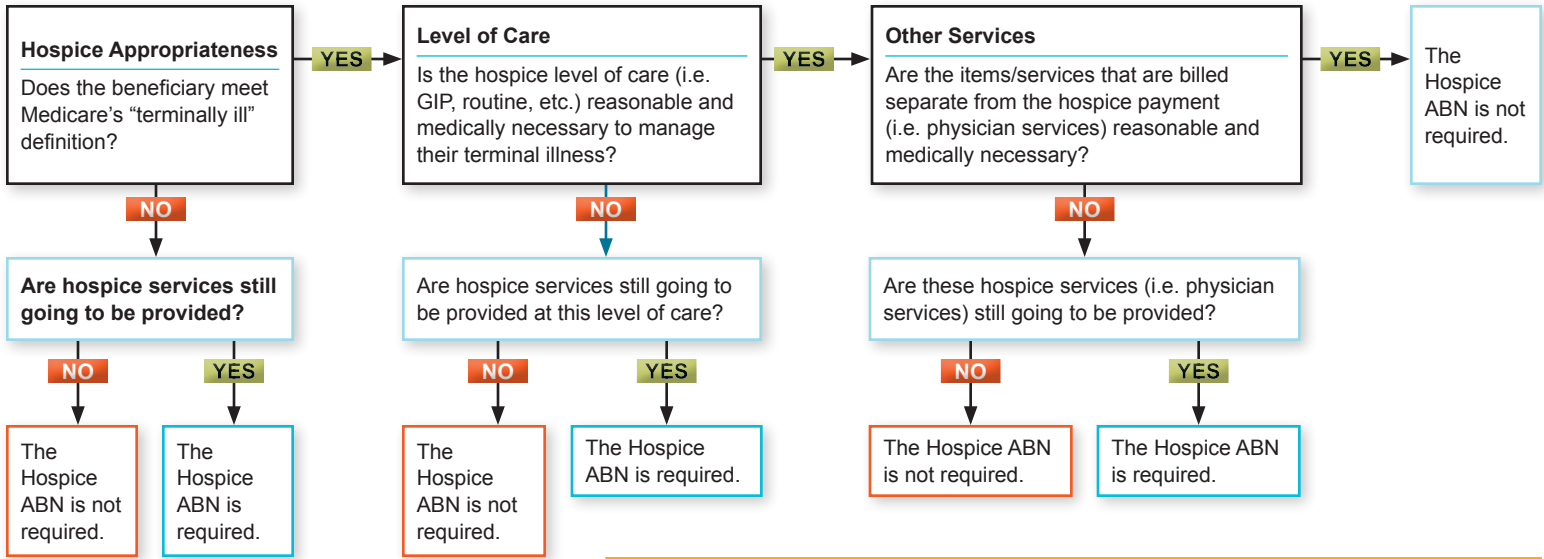


# Hospice Guidelines for the Advance Beneficiary Notice of Noncoverage (ABN) (CMS-R-131)



For more information, go to:

- "FFS ABN" Web page  
<http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html>
- CMS Pub. 100-04, Ch. 30, section 50.15.3  
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>

## Other situations in which a Hospice ABN is NOT required:

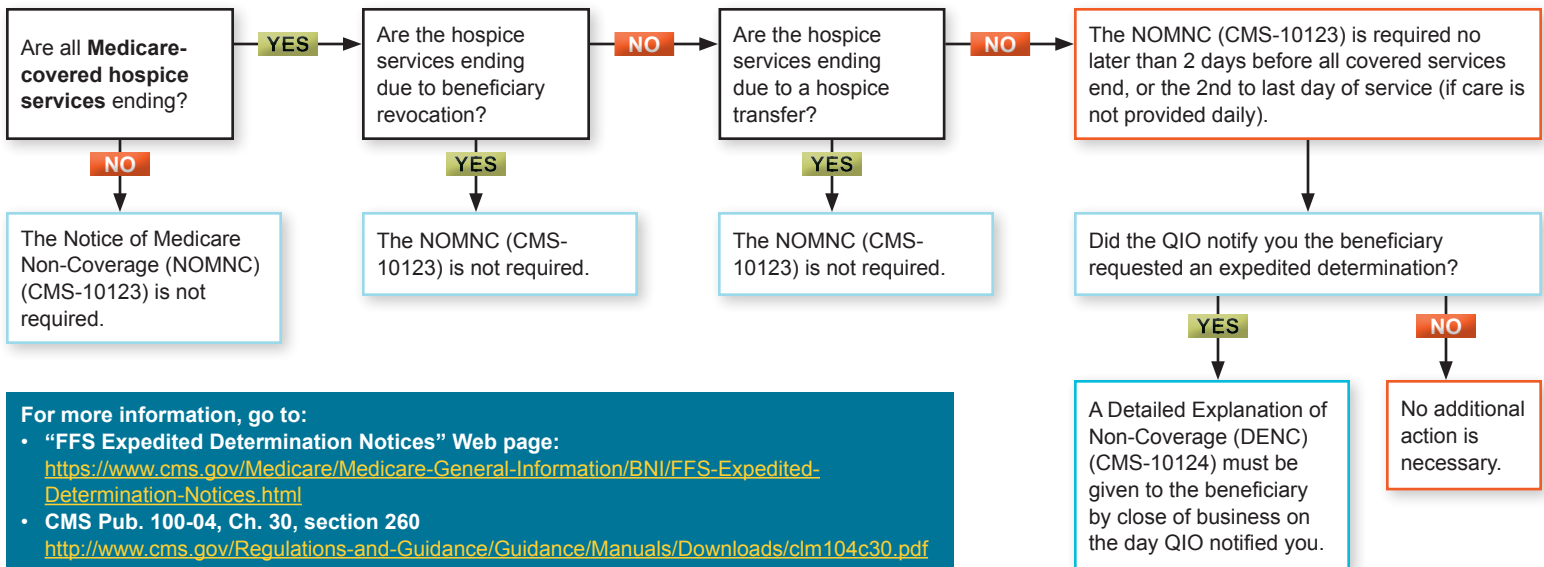
- Revocations
- Respite care exceeding five consecutive days\*
- Transfers
- Untimely Face to Face Encounter
- Room and board for nursing facilities
- Services unrelated to the terminal diagnosis

\* Providers are encouraged to give the ABN as a voluntary notice in these cases.

**Note:** The ABN can also be issued voluntarily in place of the Notice of Exclusion of Medicare Benefits (NEMB) for care that is never covered by Medicare.

# Hospice Guidelines for the Expedited Determination (ED) Process

Using the Notice of Medicare Non-Coverage (NOMNC) (CMS-10123) and Detailed Explanation of Non-Coverage (DENC) (CMS-10124)



For more information, go to:

- "FFS Expedited Determination Notices" Web page:  
<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-Expedited-Determination-Notices.html>
- CMS Pub. 100-04, Ch. 30, section 260  
<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>