

Iowa County, Iowa
Policy Manual

Title: Advanced Beneficiary Notice Form	Reference #: AMB 1052
Section: Departmental	Date Effective/Revised: 7/1/2014
Department (s): Ambulance	Approved By: Board of Supervisors

Policy

The attending EMT/Paramedic will be responsible for explaining and obtaining a signed ABN form when it appears the patient does not meet Medicare guidelines for “reasonable and necessary” ambulance transport.

An ABN for ambulance services may only be issued for non-emergency transports when ambulance services are deemed not to be medically reasonable and necessary. An ABN may not be used when the patient is under great duress. A beneficiary is considered to be under great duress when his/her medical condition requires emergency care.

The purpose of the ABN is to inform a Medicare beneficiary, before he or she receives specified items or services that otherwise might be paid for, that Medicare certainly or probably will not pay for them on that particular occasion. The ABN, also, allows the beneficiary to make an informed consumer decision whether or not to receive the items or services for which he or she may have to pay out of pocket or through other insurance.

In addition, the ABN allows the beneficiary to better participate in his/her own health care treatment decisions by making informed consumer decisions. If the EMT/Paramedic expects payment for the items or services to be denied by Medicare, the EMT/Paramedic must advise the beneficiary before items or services are furnished that, in their opinion, the beneficiary will be personally and fully responsible for payment.

To be “personally and fully responsible for payment” means that the beneficiary will be liable to make payment “out-of-pocket,” through other insurance coverage (e.g., employer group health plan coverage), or through Medicaid or other Federal or non-Federal payment source. The EMT/Paramedic must issue an ABN each time, and as soon as, it makes the assessment that Medicare payment certainly or probably will not be made.

Procedure

- Assess the patient to determine that they would appear to be in a stable medical condition.
- Explain to the patient that their condition may or may not be determined by Medicare to warrant transport by ambulance.
- Inform the patient that we will transport them, and by signing with option #1 checked we will submit the bill to Medicare. However, should Medicare deny the claim, the patient will be responsible for the ambulance charges.
- The patient should not be encouraged to refuse transport nor in any situation will the EMS staff refuse to transport a patient.