

# Advance Beneficiary Notice (ABN) VS Home Health Change of Care Notice (HHCCN)

	ABN	HHCCN
Issued to a beneficiary:	<p><b>Prior to providing home health services (type of bill 32X) the HHA believes Medicare will deny due to:</b></p> <ul style="list-style-type: none"> <li>• Services not medically reasonable and necessary</li> <li>• Services are for custodial care only</li> <li>• Patient is not homebound</li> <li>• Intermittent requirements are not met</li> </ul>	<p><b>When the beneficiary's care changes due to:</b></p> <ul style="list-style-type: none"> <li>• The care being reduced</li> <li>• The care being terminated</li> </ul>
	<p><b>Prior to providing outpatient therapy services (type of bill 34X) the HHA believes Medicare will deny due to:</b></p> <ul style="list-style-type: none"> <li>• Services not medically reasonable and necessary</li> <li>• Services are in excess of therapy cap amount</li> </ul>	
Triggering events that may require issuance:	<p><b>Initiation of Services:</b> Home health agency (HHA) expects Medicare will not cover an item and/or service from start of spell of illness, or before a one-time item and/or service.</p> <p><b>Reduction of Services:</b> HHA expects Medicare coverage will be reduced or stopped during a spell of illness while other(s) continue, including when one discipline ends but others continue.</p> <p><b>Termination of Services:</b> HHA expects Medicare coverage to end for all items and services.</p>	<p><b>Reduction of a service:</b> HHA reduces or stops an item and/or service during a spell of illness while continuing others; including when one discipline ends but others continue.</p> <p><b>Note:</b> If the beneficiary wants to continue to receive the care and assume financial charges, an ABN is issued.</p> <p><b>Termination of all services:</b> HHA ends delivery of all services.</p> <p><b>Note:</b> If all services end based on the physician's orders, the Notice of Medicare Provider Non-Coverage (NOMNC) must be issued. HHAs have the option to issue both the NOMNC and HHCCN.</p>

## RESOURCES

"Advance Beneficiary Notice of Noncoverage (ABN)" CGS Web page: [https://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/abn.html](https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/abn.html)

Change Request 8597: "Correction CR – Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131": <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2878CP.pdf>

MLN Matters® article MM8597: "Correction CR – Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131": <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8597.pdf>

Medicare Claims Processing Manual, Pub. 100-04, Ch. 30, § 50.15.4 and § 50.15.5: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c30.pdf>

"Home Health Change of Care Notice (HHCCN)" CGS Web page: [https://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/hhccn.html](https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/hhccn.html)

Change Request – CR 8403 "Home Health Change of Care Notice (HHCCN), Form CMS-10280, Manual Instructions": [https://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/hhccn.html](https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/hhccn.html)

MLN Matters® article MM8403 "Home Health Change of Care Notice (HHCCN), Form CMS-10280, Manual Instructions": <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8403.pdf>

"Invalid ABNs and HHCCNs" CGS Web page: [https://www.cgsmedicare.com/hhh/coverage/HH\\_Coverage\\_Guidelines/22C.html](https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/22C.html)