



Section 50 in Chapter 30 of Publication (Pub.) 100-04 Manual Updates

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Provider Types Affected

This MLN Matters Article is for all health care providers and suppliers sending claims to Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

This Article reorganizes, makes edits, and other changes to the Advance Beneficiary Notice of Non-coverage (ABN) section in the Medicare Claims Processing Manual, [Chapter 30, Section 50](#). The revised chapter is part of [CR 12242](#). Make sure your billing staff is aware of these changes.

Background

The Financial Liability Protections (FLP) provisions in [Chapter 30, Section 50](#) protect patients, health care providers, and suppliers under certain circumstances from unexpected liability for charges associated with claims that Medicare doesn't pay. The FLP provisions apply after Medicare makes a determination of coverage for an item or service. The revised [Chapter 30, Section 50](#) covers the FLP provisions in detail.

Some of the key revisions of [Chapter 30, Section 50](#) include:

- [Some general notice preparation requirements for the ABN](#)
- [Period of effectiveness of the ABN for repetitive or continuous non-covered care](#)
- How the FLP apply to [dually eligible individuals \(a Qualified Medicare Beneficiary \(QMB\) Program or Medicaid coverage\)](#)
- Information on [ambulance transports](#)
- [Events that cause home health agencies to issue ABNs](#)

More Information

[CR 12242](#) is the official instruction we issued to your MAC regarding this change. The revised

[Chapter 30, Section 50](#) of the manual is part of the CR. We encourage provider staff to review all the manual changes.

For more information, contact your [MAC](#).

Document History

Date of Change	Description
July 14, 2021	Initial article released.

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