

## Placing Orders & ABNs

### Place a new order

1. Select the **Patient** tab and click **Order Entry**.
2. Select a patient to place an order on.
3. Select an ordering clinic and authorizing provider and click **✓ Accept**.
4. Click **☰ Preference List** to see a list of available orders.
5. Select the check box next to each order that you want to place. Use the subsections in the left pane to filter orders by type.
6. Click **✓ Accept Orders** to review a list of your orders and make any necessary changes before signing them
7. If there's a required (**!**) or recommended (**⚠**) icon next to an order, you can enter more information. Click an order's name to edit details like quantity or associated diagnoses.
  - For a procedure order, you can attach a file, such as a scanned image, to the order.
  - To associate a diagnosis with a single order, either select the check box for a recent diagnosis in the **Dx Association** section or enter a new diagnosis in the **Add a new diagnosis** field and press **Enter**.
8. Accept and sign the orders.
9. If there's decision support associated with any of the orders, select a follow-up action and click **✓ Accept**.
10. Enter your password if prompted and click **✓ Accept**.

**NOTE:** If you already know the name of the order in EpicCare Link, you can search for it in the "New Procedure" field.

**NOTE:** Enter a partial word in a field instead of a whole word to reduce the amount of time you spend typing. For example, entering gluc in the "New procedure" field in Order Entry shows you all of the procedures beginning with gluc. You can use this shortcut for any information that is stored in the database, such as procedures and other providers' names.

### Associating diagnoses for multiple orders

You can:

- Associate all the patient's orders with all the patient's diagnoses by clicking **☑ Associate All** on the Diagnosis Associate page.
- Manually associate orders and diagnoses by selecting the appropriate check boxes.
- Select a problem from the Quick Picks list, which includes the patient's problems and recently-used diagnoses and click the left arrow (**←**) icon to add the problem as a diagnosis for the encounter.
- Remove a diagnosis from the Diagnoses list by selecting the diagnosis and clicking the delete the selected diagnosis (**−**) icon.

### Advance Beneficiary Notices (ABNs) in EpicCare Link

Decision support is available via EpicCare Link, and a portion of that is Advance Beneficiary Notices (ABNs). Centers for Medicare and Medicaid (CMS) requires providers to inform patients when Medicare does not cover a procedure because it is not considered medically necessary by CMS definition.

The Advance Beneficiary Notice of Noncoverage (ABN) form includes the services that are not covered, the reason, and the estimated cost of the items/services. This process helps the patient understand what care is recommended, whether to get the care in question and to accept financial responsibility for the service (pay for the service out-of-pocket) if Medicare will not cover payment.

The ABN status field is a mandatory field, which will ensure that all downstream workflows will see an accurate ABN status.

### Order Validation

The ABN is triggered real-time when Medicare Guidelines do not support a service for the associated diagnosis.

#### 1. Place the order and fill out any required fields.

**Order Entry**

Preference List Dx Association

New procedure: mammogram

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**Mammogram Breast Diagnostic Bilateral**

Status:  Normal  Standing  Future

Expected Date: 11/15/2019

Expires: 1/15/2021

Priority: Routine [6]  Routine  STAT

Class: Ancillary Performed [44]  Ancillary Pe...

Reason for exam:

**Other Reasons**

anxiety

Reason for Exam (Free Text):  (300 char max)

**Questions:**

Question	Answer	Comment
1. Perform a breast ultrasound if clinically indicated by Radiologist? (Note: A signed order is required. Answering "yes" to this question does not generate a valid order.) (Allows physicians to indicate whether a breast ultrasound procedure can be performed if indicated by the Radiologist.)	<input type="text"/>	<input type="text"/>
2. Where should this order be performed?	St Joseph Mercy MI [105]	<input type="text"/>

#### 2. Associate order to diagnosis.

**Order Entry** ▶ **Diagnosis Association**

Associate All

Procedure	Diagnosis	Associate
Mammogram Breast Diagnostic Bilateral	Anxiety	<input checked="" type="checkbox"/>

**Diagnoses** Add:

[F41.9] Anxiety ← **Quick Picks**

3. Sign the order. At this time, the LCD (Local Coverage Data) file will be referenced to evaluate the order and diagnosis association.
4. An ABN alert will appear if Medicare does not cover a procedure because it's not considered medically necessary by CMS definition.

**Information Needing Your Attention**

**ABN Instructions**  
 Medicare determined this procedure and diagnosis combination will not be covered. Please update the diagnosis below, if appropriate. It will be added to the medical record as a visit diagnosis; ensure documentation supports any updated/added diagnoses. Select details if you'd like to know what charge failed with which diagnosis

**MG Mammo Digital Diagnostic bilat** This procedure is not covered for an associated diagnosis. ▼ Details

Payor/Plan: Medicare/Medicare Part A & B ABN Status: Notice Triggered

[Attached Advance Notice Waiver form](#)

If you've discussed with the patient and they are ready to select an ABN status, print the waiver form from here.

5. Evaluate if there is an alternate medically appropriate diagnosis. If so, Go Back and adjust the diagnosis.
6. **Waiver Form:** This option is appropriate if it is expected that the patient's diagnosis will not be covered per Medicare's LCD. Selecting this button will display the ABN with the estimated cost of the test (Referencing Local RHM Fee Schedule). Discuss the ABN and the available options with the patient.

Notifier:  
 Patient Name: Togethercare,Amelia Identification Number: 100179796

**Advance Beneficiary Notice of Noncoverage (ABN)**

**NOTE:** If Medicare doesn't pay for items or services below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the items or services below.

Items or Services	Reason Medicare May Not Pay	Estimated Cost
(1) MG MAMMO DIGITAL DIAGNOSTIC BILAT [IMG600]	(1) This item or service is not covered for your condition. (Michigan Part B, Michigan Part A)	(1) \$381.00

- WHAT YOU NEED TO DO NOW:**
- Read this notice, so you can make an informed decision about your care.
  - Ask us any questions that you may have after you finish reading.
  - Choose an option below about whether to receive the items or services listed above.
- Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**Options:** Check only one box. We cannot choose a box for you.

**OPTION 1.** I want the items or services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

**OPTION 2.** I want the items or services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

**OPTION 3.** I don't want the items or services listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

**Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/ TTY: 1-877-486-2048).  
 Signing below means that you have received and understand this notice. You also receive a copy.

Signature:	Date
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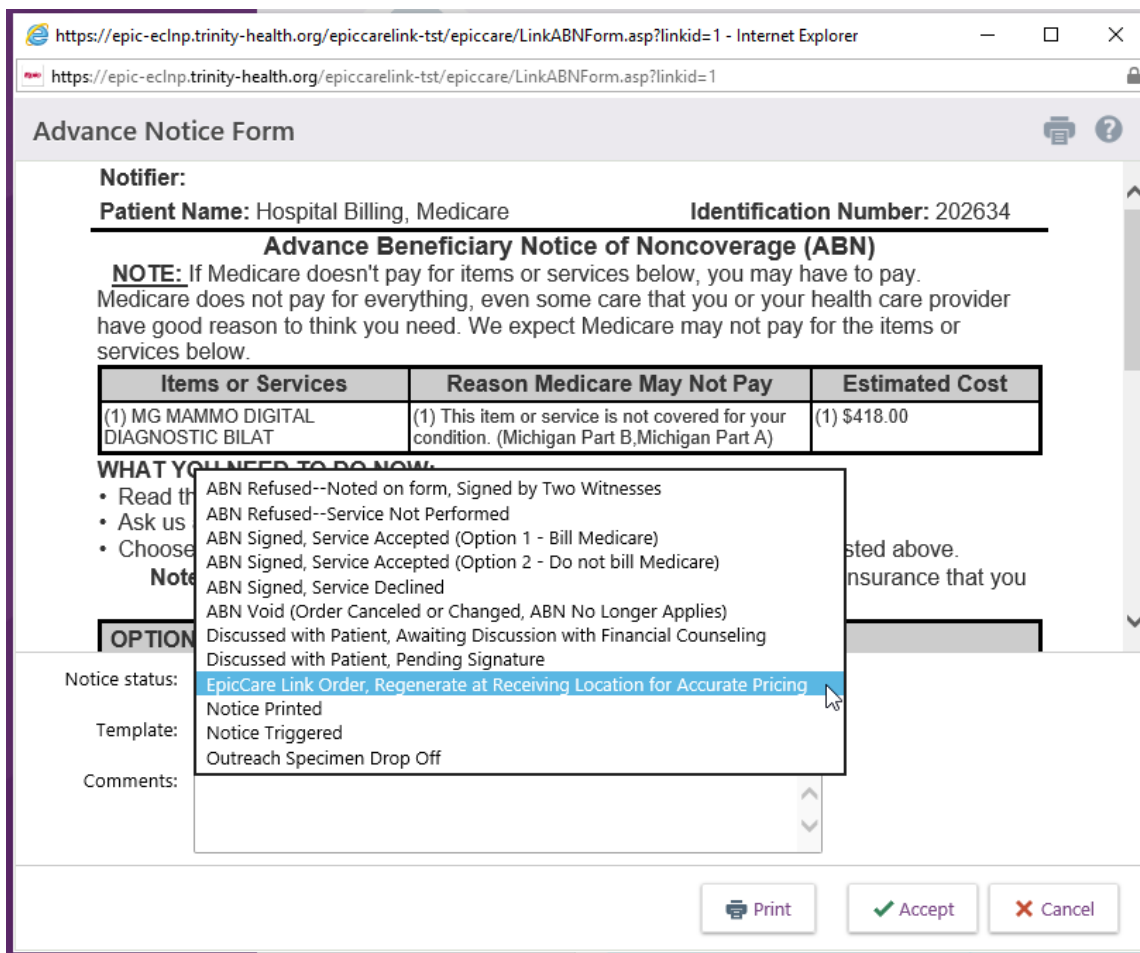
Form CMS-R-131 (Exp. 03/2020) Form Approved OMB No. 0938-0566

**7. Notice Status Options:** After a provider discusses an ABN form with the patient, document the ABN status/patient response by choosing the appropriate Notice Status. (Options explained in chart below)

- An ABN status belongs to one of three categories:
  - An *initial status* indicates that the ABN has not yet been presented or discussed with the patient.
  - An *intermediate ABN status* indicates that something has been done with the ABN, but that a final disposition has not yet been documented.
  - A *final status* indicates that a choice has been made by the patient and the ABN has been finalized. Choosing an option with a final status will clear the ABN warning. Clinicians cannot edit an ABN after it has been assigned a final status. Do not select a final
- It is expected that the ABN Notice Status will change one or more times throughout the process of issuing the patient an ABN. The warning will not be satisfied until one of the final statuses is selected.
- Before choosing a final status, the patient must have been given the opportunity to review the form and all options must have been explained to them. Only after the patient chooses how they would like to proceed and signs the ABN (if applicable) should the final status be selected.
- IMPORTANT NOTE: All completed ABNs must be filed into the patient’s chart.
- As an EpicCare Link user, you should only select the **EpicCare Link Order** status below, as the pricing will not be accurate until it is regenerated at the place of service. However, the discussion about the medical necessity of the procedure should be discussed during placement.

Notice Status	Category	Description
Notice Triggered	Initial	This status is automatically assigned to new ABN forms.
Notice Printed	Initial/ Intermediate	This status is automatically assigned to an ABN record when the ABN is printed. In practice, “ABN Printed” can function as either an initial or an intermediate status, because staff can print a copy of the ABN before or after presenting the form to the patient.
<b>EpicCare Link Order, Regenerate at Receiving Location for Accurate Pricing</b>	Intermediate	<b>For EpicCare Link providers only. Choose to indicate the EpicCare Link provider discussed the ABN with the patient, and the patient agrees to proceed. ABN status will alert downstream departments to regenerate the ABN to ensure the most accurate price is reflected.</b>
<i>Discussed with Patient, Pending Signature</i>	<i>Intermediate</i>	<b>Trinity Health providers only</b> - Choose to indicate the provider discussed the ABN with the patient, but would like the front desk to print the ABN and obtain the signature—bypasses warning and passes the warning on to the scheduler.
<i>Discussed with Patient, Awaiting Discussion with Financial Counseling</i>	<i>Intermediate</i>	<b>Trinity Health providers only</b> - Choose to indicate the provider discussed the ABN with the patient, and the patient would like to discuss options regarding financial counseling.

<b>ABN Signed, Service Accepted (Option 1 – Bill Medicare)</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Choose to indicate that a patient chose Option 1 and signed the ABN (i.e., wants to receive the service, and agrees to be financially responsible for the service if Medicare does not pay.)
<b>ABN Signed, Service Accepted (Option 2 – Do not bill Medicare)</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Select to indicate that a patient chose Option 2 and signed the ABN (i.e., wants to receive the service, agrees to be financially responsible for the service, and requests that we not bill Medicare.)
<b>ABN Signed, Service Declined</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Choose to indicate that a patient chose Option 3 and signed the ABN indicating they do not want to receive the service. Cancel the order if the service will not be performed, however the physician believes it is important to proceed with the service the order is not cancelled. The patient cannot be billed if Medicare does not pay.
<b>ABN Refused—Noted on form Signed by Two Witnesses</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Select when all the following conditions are true:  <ol style="list-style-type: none"> <li>1. The patient has refused to sign the form yet requests or demands the service, and</li> <li>2. A staff member from the organization has written a note on the form stating that the patient has refused to sign but wants the service, and</li> <li>3. Two witnesses have signed the note on the form.</li> </ol> <p>(Medicare regulations consider such a form to be valid and permit the organization to bill the patient.)</p>
<b>ABN Refused—Service Not Performed</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Choose to indicate that the patient refused to sign the form and declined the service, so it was not performed. The order should be cancelled.
<b>ABN Void (Order Canceled or Changed, ABN No Longer Applies)</b>	<i>Final</i>	<b>Trinity Health providers only</b> - In some scenarios, an ABN form becomes unnecessary. For example, a clinician might order a service and then realize she entered the incorrect diagnosis. After the clinician enters the correct diagnosis, the ABN is no longer necessary if it passes medical necessity checks. Because the ABN record has already been created, the final status of ABN Void ☐ Order Canceled or Changed, ABN No Longer Applies ☐ enables users to indicate that the form is no longer necessary.
<b>Outreach Specimen Drop Off</b>	<i>Final</i>	<b>Trinity Health providers only</b> - Select to indicate there is an outreach specimen that has been dropped off to the lab for processing that flagged for an ABN.



### ABN Finalization

The ABN status field is a mandatory field, which will ensure that all downstream workflows will see an accurate ABN status.

There are checkpoints to ensure completion prior to the point of service for the patient. The ABN warnings will continue to appear until the Notice Status category is final.

### Cancel a signed order

1. Select the Patient tab and click Order Review.
2. Select and cancel the order.
3. Enter a reason for canceling and click **Accept**.

**Trinity Health**, is a mission-based health system with 92 hospitals across the nation, which includes eight hospitals, 16 health centers and more than 3,600 physicians in Michigan to deliver quality care.

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