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Webinar Conference Registration Form

**Understanding the ABN for Physical, Occupational
and Speech Therapy Services**

Webinar Occurred on October 21, 2021

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Santa Clarita, CA 91350

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Understanding the ABN for Physical, Occupational and Speech Therapy Services

COURSE DESCRIPTION:

In college, therapists and assistants get very little education and training in the business and compliance aspect of outpatient physical, occupational and/or speech therapy services. If they do, it is usually limited to the basics of CPT coding, documentation and perhaps, some billing. In addition, many office managers and billing staff do not receive the proper education and training regarding when a Medicare beneficiary can be held financially liable for payment for outpatient therapy services. This webinar will focus solely on the advance beneficiary notice of noncoverage (ABN) form and will answer the following questions regarding the ABN:

- In what formats can I issue an ABN?
- Can I use the ABN form for my Medicare Advantage patients?
- Can I issue an ABN if I am not enrolled in the Medicare program?
- When can I issue an ABN to a Medicare beneficiary?
- When is an ABN not required to be issued to a Medicare beneficiary?
- How does the annual therapy threshold and targeted medical review impact me issuing an ABN?
- How do I complete the ABN completely and correctly?
- If Medicare ends up paying me for the services I thought they would deny, how soon must I refund the patient?
- When would I issue a voluntary ABN to a Medicare beneficiary?
- What is the difference between Option #1 and Option #2 in Section G of the ABN form?
- How does the Qualified Medicare Beneficiary Program that some Medicare beneficiaries are enrolled in effect the completion of the ABN and my ability to collect payment from the Medicare beneficiary?

OBJECTIVES:

At the conclusion of this webinar presentation, participants will be able to:

1. List the formats in which an ABN may be delivered to a Medicare beneficiary
2. Demonstrate how to correctly complete an ABN and issue it to a Medicare beneficiary
3. Calculate the estimated cost to the Medicare beneficiary that you expect Medicare to deny
4. Identify when it is and is not appropriate to issue an ABN to a Medicare beneficiary
5. Describe the difference between the 3 Options in Section G of the ABN form
6. Differentiate the differences in the completion of a mandatory ABN versus a voluntary ABN
7. Explain how the annual therapy threshold and targeted medical review impact your decision on issuing an ABN
8. Recognize when you can and can't collect payment from a Medicare beneficiary when an ABN has been issued
9. Recall the timeframe in which you must refund payment to a Medicare beneficiary if Medicare ends up paying for the service(s) you thought they were going to deny

10. Discuss how a Medicare beneficiary who is enrolled in the Qualified Medicare Beneficiary Program (QMB) may not be financially responsible even if an ABN was issued

ABOUT THE SPEAKER:

Rick Gawenda, P.T., graduated in 1991 with a Bachelor of Science in Physical Therapy from Wayne State University, Detroit, Michigan. Mr. Gawenda is currently the President and founder of Gawenda Seminars & Consulting, Inc. He has provided valuable education and consulting to hospitals, rehabilitation agencies, private practices, nursing homes, and his peers in the areas of CPT and ICD-10 coding, billing, documentation, reimbursement, and compliance as it pertains to outpatient therapy services as well as denial management and the appeals process for Medicare denied claims. Mr. Gawenda's website, www.gawendaseminars.com, provides a valuable source of information on rehabilitation rules and regulations, coding, documentation, and reimbursement.

Mr. Gawenda is a member of the American Physical Therapy Association (APTA) and Michigan Physical Therapy Association (MPTA). Mr. Gawenda is the Past President of the Section on Health Policy & Administration of the APTA as well as Past President of the Michigan Association of Medical Rehabilitation Program Administrators.

Mr. Gawenda is also the author of "The How-To Manual for Rehab Documentation: A Complete Guide to Increasing Reimbursement and Reducing Denials" and "Coding and Billing for Outpatient Rehab Made Easy: Proper Use of CPT Codes, ICD-9 Codes and Modifiers".

WHO SHOULD LISTEN:

Physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, private practice owners and practice administrators, billing companies, office managers at private practices, as well as compliance officers, risk managers, directors, managers, supervisors, and billers in skilled nursing facilities, hospital outpatient therapy departments, rehabilitation agencies, home health agencies, and comprehensive outpatient rehabilitation facilities.

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Michelle Gawenda

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If you wish to contact Rick Gawenda directly, you may email him: info@gawendaseminars.com or visit his website at: <http://www.gawendaseminars.com>