**ABN (Advanced Beneficiary Notice)**

**Bed Rate Disclosure**

**Question:** Does the facility need to communicate the daily bed rate to the patient as services potentially not covered on the ABN notice? The facility discloses $60 for PT, but they do not include the bed rate or coinsurance rate on the ABN.

**Answer:** Yes, the facility should disclose the daily bed rate and private room rate on the ABN notice.

Below is the CMS tutorial for **Section F** response of the ABN:

**F. Estimated Cost**

* Notifiers must complete **column (F)** to ensure the beneficiary has all available information to decide whether to get potentially non-covered services.
* You must make a **good faith effort to list a reasonable dollar estimate** for all items or services in column (D). We expect the estimate be within $100 or 25% of actual costs, whichever is greater; generally, we accept estimates exceeding the actual cost, since it won’t harm the beneficiary if actual costs are less than predicted.
* Notifiers can bundle routinely grouped items or services into a single cost estimate. For example, you may give a single cost estimate for a group of lab tests like a Basic Metabolic Panel (BMP). We accept an average daily cost estimate for long-term or complex projections.
* You may also pre-print a menu of items or services in column (D) and include a cost estimate beside each item or service. If a situation calls for additional tests or procedures (such as lab reflex testing), and you can’t reasonably estimate those test costs at ABN delivery, you may enter the initial cost estimate and indicate possible further testing.
* If you can’t provide a good faith projected cost estimate at ABN delivery, you may indicate in the cost estimate area there’s no cost estimate available. You shouldn’t use these last 2 scenarios routinely or frequently, but the beneficiary has the option of signing the ABN and accepting liability in these situations.