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Medicare ABN Update for 2026

Current form requirements and practical steps for physician practices

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The updated Advance Beneficiary Notice of Noncoverage, Form CMS-R-131, became mandatory on May 12, 2026. Use the version that expires March 31, 2029. Check electronic templates and printed stock. A signature alone does not establish a valid notice or permit patient billing. [1,2]

Use the current form

The revised ABN uses plainer language and updated formatting. CMS provides English and Spanish forms, including large-print versions. Download them from the official CMS ABN page rather than recreating the form or relying on an old saved copy. [2,5]

- Confirm CMS-R-131 and the March 31, 2029 expiration date on the form. [1]
- Replace outdated EHR templates, billing-system copies, and printed forms.
- Review the current instructions with front-desk, clinical, and billing staff.

Know when an ABN is needed

For Original Medicare, issue a required ABN before a normally covered service when there is a specific reason to expect denial under the applicable notice rules. Examples include an expected medical-necessity denial under an LCD or a service that exceeds a coverage frequency limit. [3]

CMS-R-131 is not the notice for Medicare Advantage or Part D services. Items Medicare never covers generally do not require a mandatory ABN; a voluntary notice may be appropriate. Do not treat every noncovered service as a GA or GZ situation. [3,4]

Make the notice clear before the service

- Identify the specific item or service and explain the expected reason for noncoverage in patient-friendly language.
- Provide a good-faith cost estimate and complete the applicable form fields.
- Explain the notice and allow enough time for an informed decision before care is provided.
- Obtain the patient's or representative's choice, signature, and date when required. Keep the completed notice and provide a copy on request. [2]

Do not use a blanket ABN for every visit or obtain it under coercion, during a medical emergency, or under great duress. A late notice cannot retroactively shift liability for care already provided. [6]

Match modifiers to coverage and notice status

For applicable Medicare claims, choose the modifier that reflects the actual reason for noncoverage and the notice issued. [4]

Modifier	When it applies	Practical implication
GA	Required ABN was issued and retained.	A valid notice is needed to support potential patient liability.
GZ	Expected denial as not reasonable and necessary; no ABN was issued.	The practice may be financially liable. GZ is not a substitute for a timely notice.
GY	Statutorily excluded or outside a Medicare benefit.	A mandatory ABN is generally not required.
GX	A voluntary notice was issued for a service Medicare never covers.	Apply CMS reporting instructions, including GY when appropriate.

Respect the patient's decision

For a required ABN, the patient or representative generally chooses one option. Do not preselect it for the patient except as CMS specifically instructs. [2]

- **Option 1:** Receive the service and have Medicare billed for an official decision, with Medicare appeal rights.
- **Option 2:** Receive the service without billing Medicare; there is no Medicare claim decision to appeal.
- **Option 3:** Decline the listed service. Do not charge for services not provided.

Dually eligible patients, including those with QMB or Medicaid coverage, require special CMS instructions for Option 1 and billing. Do not collect from them when the ABN is delivered; follow the required Medicare and Medicaid adjudication process and applicable billing protections. [2]

Check the workflow as well as the form

Assign responsibility for checking coverage before care, identifying the reason for a possible denial, delivering the notice, recording the patient's choice, and applying claim instructions. Review a small sample of completed ABNs to find gaps. An invalid required notice may leave the practice unable to collect from the patient after a denial. [4]

How MCRS can help

MCRS can review your ABN workflow and related documentation or coding education needs. Contact donnine@mcrsconsulting.com to discuss a focused review. Keep patient information out of your initial email.

References

1. [CGS Medicare. Updated ABN Form Now Available. March 19, 2026.](#)
2. [CMS. ABN Form Instructions. Current CMS-R-131 instructions.](#)
3. [CMS. ABN Tutorial. MLN909183, April 2026.](#)
4. [CMS. Medicare Advance Written Notices of Non-coverage. MLN006266, May 2025.](#)
5. [CMS. FFS ABN. Official forms and instructions download page.](#)
6. [CMS. Medicare Claims Processing Manual, Chapter 30, Section 50.](#)

Sources accessed October 20, 2026. This educational resource is not the official ABN form.