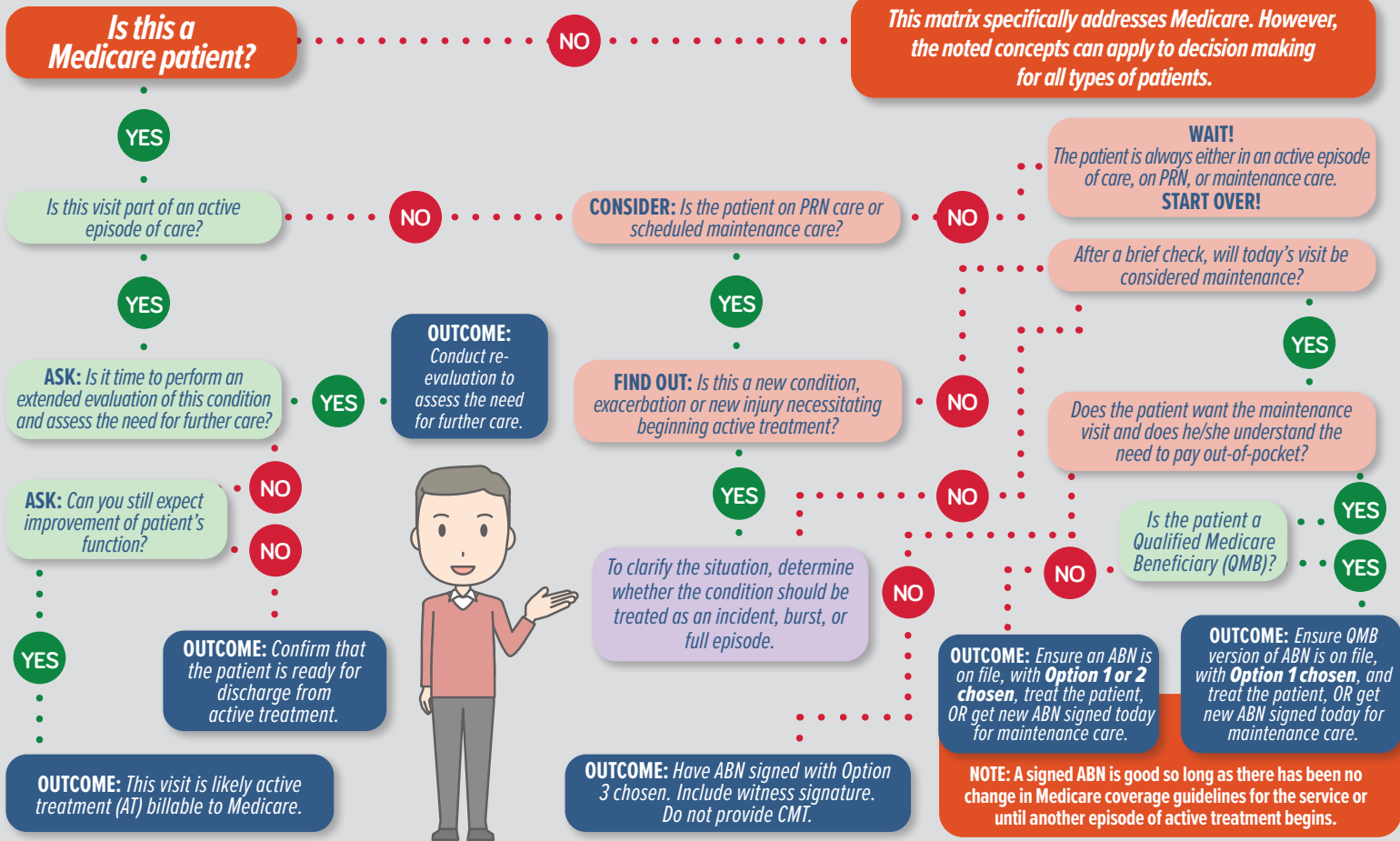# KMC University's
# Medicare Decision Making Matrix

Use this flowchart to help determine whether a Medicare patient's visit is active or maintenance care. Follow the prompts to support your decision making for an appropriate outcome.

**Is this a Medicare patient?**

**NO** → This matrix specifically addresses Medicare. However, the noted concepts can apply to decision making for all types of patients.

**YES**

Is this visit part of an active episode of care?

**NO** → **CONSIDER:** Is the patient on PRN care or scheduled maintenance care?

**NO** → **WAIT!** The patient is always either in an active episode of care, on PRN, or maintenance care. **START OVER!**

After a brief check, will today's visit be considered maintenance?

**YES**

Does the patient want the maintenance visit and does he/she understand the need to pay out-of-pocket?

**YES**

**YES**

Is the patient a Qualified Medicare Beneficiary (QMB)?

**YES**

**YES**

**OUTCOME:** Ensure QMB version of ABN is on file, with **Option 1 chosen**, and treat the patient, OR get new ABN signed today for maintenance care.

**NO** → **OUTCOME:** Ensure an ABN is on file, with **Option 1 or 2 chosen**, treat the patient, OR get new ABN signed today for maintenance care.

**NO**

**YES** (active episode of care)

**ASK:** Is it time to perform an extended evaluation of this condition and assess the need for further care?

**YES** → **OUTCOME:** Conduct re-evaluation to assess the need for further care.

**NO**

**ASK:** Can you still expect improvement of patient's function?

**NO**

**YES** → **OUTCOME:** This visit is likely active treatment (AT) billable to Medicare.

**OUTCOME:** Confirm that the patient is ready for discharge from active treatment.

**FIND OUT:** Is this a new condition, exacerbation or new injury necessitating beginning active treatment?

**YES**

To clarify the situation, determine whether the condition should be treated as an incident, burst, or full episode.

**NO** → **OUTCOME:** Have ABN signed with Option 3 chosen. Include witness signature. Do not provide CMT.

**NOTE:** A signed ABN is good so long as there has been no change in Medicare coverage guidelines for the service or until another episode of active treatment begins.