



## ***Important Information on Medicare Coverage & Advance Beneficiary Notice (ABN)***

### **Question #1: What is an Advance Beneficiary Notice (ABN)?**

**Answer:** An ABN is a written notice (the standard government form CMS-R-131 or CMS-R-131-L) that you receive from physicians, providers, or suppliers, before they furnish a test or service to you, notifying you:

\*That Medicare will probably deny payment for that specific test or service in your case

\*The reason the physician, provider, or supplier expects Medicare to deny payment.

\*That you will be personally and fully responsible for payment if Medicare denies payment. An ABN also gives you the opportunity to refuse to receive the test or service.

### **Question #2: Doesn't Medicare Pay for all tests or services?**

**Answer:** **No.** While the Centers for Medicare and Medicaid Services (CMS) rules allow payment for most testing, a few categories of tests or services are not covered and will result in a bill to the patient. Categories not covered include:

Screening Tests. Tests that might be ordered as part of a routine exam (when the patient does not exhibit evidence of a particular disease) are **not** covered.

Tests or Services Not Medically Necessary. Tests or services that are not medically necessary for a diagnosis or condition – in Medicare's opinion – are not covered. Medicare can deny a test or service if it believes the diagnosis provided by the doctor does not provide evidence of "medical necessity". Medicare maintains a list of diagnosis codes for which they will pay for a particular test or service. If your particular diagnosis is not on this list, Medicare could deny payment.

Tests or Services Performed Too Frequently. Tests or services that are performed more frequently than is recommended by Medicare are not covered.

Experimental ("Investigational") Tests. Tests not yet approved by the FDA, and thus considered experimental or investigational, are also not covered by Medicare.

### **Question #3: If Medicare will not pay for a test, does that mean I do not need the test?**

**Answer:** No. Your doctor bases decisions about laboratory testing, imaging studies, and other services on a wide range of factors including your personal medical

history, any medications you might be taking, and generally accepted standards of quality patient care. Always thinking of your best interests as a patient, your doctor will always order those tests and studies that will provide useful information to guide your diagnosis and treatment. However, it is possible that Medicare may not consider the test to be medically necessary for patients with your diagnosis.

**Question #4: What happens if a test or service ordered by my doctor isn't paid by Medicare?**

**Answer:** If your doctor has reason to believe that a test or service ordered on your behalf will not be covered by Medicare (because he or she believes it may belong to one of the four categories above), you will be asked to sign and date a waiver called the Advance Beneficiary Notice, or "ABN".

**Question #5: What does it mean to be "personally and fully responsible" for payment?**

**Answer:** This means that you will have to pay for the test or service yourself, either out-of-pocket or by some other insurance coverage which you may have in addition to Medicare

**Question #6: Will signing an ABN affect Medicare's decision to pay for the test or service?**

**Answer:** No. Medicare considers a number of factors in determining whether certain tests or services will be covered, such as the purpose of the test and whether the test is considered medically necessary. The fact that you have signed an ABN agreeing to pay for test(s) does *not* affect the likelihood Medicare will pay for your test(s).

**Question #7: What will I be charged for test(s) or service(s) not covered by Medicare?**

**Answer:** Although we will bill Medicare first, if payment is denied for a test or service you will be billed the same amount that we ordinarily charge Medicare. Before signing an ABN, be sure to ask how much it will cost you.

**Question #8: How does receiving an ABN help me?**

**Answer:** When you receive an ABN:

\*The ABN helps you to make an informed consumer decision about whether to obtain the test or service and be prepared to pay for it (that is, either out of your own pocket or by your other insurance coverage) or to choose not to receive it.

\*The ABN allows you to have your claim reviewed by Medicare if you do receive the test or service. This also means that you will have the right to appeal Medicare's decision.

**Question #9: What if I refuse to sign the ABN but I want the test or service anyway?**

**Answer:** If you want the test or service, you should choose "Option 1. YES" and sign and date the ABN. If you refuse to sign, your supplier, physician, or provider, that takes assignment of your Medicare claim, may decide not to provide the

test or service to you or may have a second person witness your refusal to sign the agreement and then furnish you the test or service.

**Question #10: What if I have questions?**

**Answer:** If you have questions, you should discuss them with your physician and / or healthcare provider at the time that your doctor is ordering the tests.