Q4. If Medicare will not pay for the test, then why should I have the test performed?
Your healthcare provider has made a medical judgment that you should have the testing performed. Tests are ordered based on your medical history, current signs and symptoms, any medications you may be taking and generally accepted medical practices. Medicare is not making medical decisions about your healthcare; rather it is acting as an insurance plan deciding what it will and will not pay for. Just like private insurers, there are occasions when Medicare will not pay for services that your healthcare provider feels is important to your health. Please discuss any concerns you have regarding your test coverage directly with your healthcare provider.

Q5. Must I sign the ABN?
The ABN is intended to provide you with information necessary to make an informed choice about whether or not to have testing performed, with the understanding that you may have to accept responsibility for payment of the tests.

Q6. Will supplemental insurance pay if Medicare does not?
Supplemental insurance policies (sometimes called a ‘Medigap’ policy) may reimburse for testing that is not paid for by Medicare. ACL will, upon request, submit claims to supplemental insurances on your behalf.

Q7. How much will I have to pay?
You will be provided an estimated cost for every laboratory test that we believe will not be paid for by the Medicare program.

Q8. I’ve never had to sign an ABN before, why now?
ABN’s are not new, but are getting used more frequently as Medicare policy revisions clarify their use and laboratories incorporate them into their business practices.

Q9. Will I always be asked to sign the ABN?
Each time your healthcare provider orders laboratory testing, ACL will look at the specific tests being ordered along with the reasons given and make a determination as to whether you will be asked to sign the ABN. You will only be asked to sign the ABN when we have good reason to think Medicare will not provide payment.

Q10. Where can I find more information about the ABN form and my financial responsibilities?
Additional information can be found at the Medicare.gov: http://www.medicare.gov/claims-and-appeals/medicare-rights/abn/advance-notice-of-noncoverage.html or you may call Medicare at 1.800.MEDICARE (1.800.633.4227).
ACL Billing Customer Representatives can be reached at: 1.888.719.3569.
The Centers for Medicare and Medicaid Services (CMS) is responsible for administering Medicare and other federally mandated healthcare programs throughout the United States. Medicare Part B insurance helps pay for laboratory tests that are considered medically necessary as defined by policy or proven standards of care. In addition, Medicare will pay for many preventive services, including certain laboratory tests, to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases. Medicare Part C insurances are Medicare Advantage Plans that must also cover medically necessary laboratory tests, but can charge different copayments, coinsurance, or deductibles.

Medicare does not provide payment for every laboratory test nor for every reason your healthcare provider may have for ordering tests. Medicare limits coverage of certain tests by the diagnosis provided. If the diagnosis your healthcare provider assigns to your tests is not one Medicare will cover, Medicare will deny payment for the test. If your provider has indicated your tests are being done to screen for disease, Medicare may pay for only those tests listed as having Preventive Services. A list of Medicare covered preventive services can be found in the ‘Medicare and You’ publication found at http://www.medicare.gov/medicare-and-you/medicare-and-you.html. Medicare will pay for covered preventive services at specified frequencies in a given time period. Medicare denies payment for preventive tests if performed more frequently than Medicare benefits allow.

If you have Medicare and ACL believes Medicare will not pay for the tests that your healthcare provider has ordered, we may give you a written notice called an ‘Advance Beneficiary Notice of Noncoverage’ or ABN. If you are enrolled in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan and ACL believes your health plan will not pay for the tests based on Medicare coverage rules, we may give you a similar written notice.

Q1. What is the Advance Beneficiary Notice of Noncoverage (ABN)?
The ABN is a written form that lets you know ACL believes Medicare may not pay for the tests you are having performed. The ABN will provide you with the test names, the reason Medicare may not pay and the estimated cost of the tests. This information is provided to allow you to make an informed decision about whether to have these tests performed and accept financial responsibility for the tests if Medicare does not pay. You may also receive an ABN as a voluntary notice to alert you to your financial responsibility prior to performing testing that is not considered a Medicare benefit, such as routine screening tests associated with an annual exam.

NOTE: A similar process and form is used to notify patients enrolled in other Medicare healthcare plans of noncovered testing situations.

Q2. Why won’t Medicare pay for my tests?
Medicare policy determines what tests will be paid for by the Medicare program and for what medical conditions. In order for Medicare to make payment, the diagnosis your healthcare provider provided for ordering the tests must be considered reasonable, medically necessary and appropriate as described in published Medicare policies. If the diagnosis provided with the order is not covered by Medicare policy, the ABN will state ‘Medicare does not pay for these tests for your condition’.

Tests ordered to screen for disease may be subject to frequency limitations as published in the Medicare Preventive Services benefits. If testing is ordered more frequently than benefits allow, or the frequency of testing is unknown, you will be asked to sign the ABN and the reason statement will read ‘Medicare does not pay for these tests as often as this (denied as too frequent)’.

Some tests have not yet been proven to be of widespread clinical value in the diagnosis or treatment of disease. These tests may be considered ‘investigational’ or deemed for ‘research use only’. The ABN reason statement will state ‘Medicare does not pay for experimental or research use tests’.

Q3. Why am I being asked to sign a ‘voluntary’ ABN?
Certain services are statutorily excluded care that Medicare never covers. Laboratory tests that have no preventive services benefits and are ordered for ‘routine screening’ reasons are considered excluded. ACL may use the ABN, as a courtesy, to let you know about testing that would be statutorily noncovered by Medicare.