

Documentation of Advance Beneficiary Notice [ABN]

- Medicare has determined that there is a difference between treatment that is medically necessary, and treatment that is medically appropriate:
 - Services that are performed for existing conditions are generally considered medically necessary
 - Services that are performed as a function of preventative medicine are seldom paid for by Medicare
 - Patients have a right to be a part of the decision that will determine the services provided to them
- When it is determined that a test or service may not be covered by Medicare, it is the responsibility of the physician practice to convey this information to the patient or the patient's guardian. The patient can then make an informed decision concerning the health care services - versus - the burden of payment for the service.
- Medicare has mandated that beneficiaries are not liable for payment of services denied by Medicare, unless the patient was presented an ABN and requested to sign.
 - ABNs cannot be requested from Medicare patients as a matter of blanket/generic practice
 - Laboratories have been instructed by Medicare to issue ABNs to patients whose samples/specimens were sent to the lab without a required/appropriate ABN. This process creates delays in testing and generates considerable re-work for all parties involved.
- **When should an ABN be presented to a Patient?**
 - For any laboratory test or service that is not related to the treatment of an *existing* condition, injury, complaint, or signs and symptoms of existing medical problems.
 - If the test(s) and services ordered happen to be one of the targeted test(s) on the National Coverage Policies for diagnostic lab services, or Local Medical Review Policies; and there is evidence of possible - conflict/denial:
 - the policy for the test indicates that Medicare will not cover the service under the diagnosis that is being submitted
 - the frequency of testing has been exceeded
- **Available from the laboratory Client Service Representatives (CSR's) at 317-491-6000.**
 - ABN forms for laboratory tests and services
 - Summary of current Local Medical Review Policies (LMRP)
 - Summary of National Medicare Coverage Policies for Diagnostic Lab Services

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