

## Explanation to Medicare Beneficiary

### *You have been asked to read and sign an Advanced Beneficiary Notice (ABN)*

- This may be the first time you have ever been asked to do this.
- So why is it required?
  - As of November 25, 2002 the Center for Medicare & Medicaid Services (CMS) has established a National Coverage Determination (NCD) policy for Clinical Diagnostic Laboratory Services. This policy determines the conditions for billing Medicare for payment of certain laboratory tests.
  - The primary conditions include:
    - 1) Tests that are being performed on an Outpatient
    - 2) Reason why the test/service is being performed
    - 3) Frequency that the test/service is being performed
- Since you have been asked to read and sign the ABN it means that one or more of the test(s) ordered today may not be covered by Medicare.
  - Tests that are routine screening tests are not covered.
  - Experimental test(s) are not covered.
  - Test(s) that are part of research projects are not covered.
  - Specific test(s) have been targeted by Medicare to examine the reason that they were ordered:
    - 1) Medicare has a list of indications (diagnosis codes) that must be met before payment will be made for these test(s)
    - 2) Medicare has established frequency limits on many of these test(s) regarding payment.
  - Medicare requires that the patient be informed about these issues before testing is performed.

Ask your physician why he/she feels you should have these test(s) performed, if you have questions.