



We urge you to consider the options carefully before choosing one of these 3 options:

- **Option 1:** You want the lab tests that may not be paid for by Medicare. You may be asked to pay for the tests now, but you also want Medicare to be billed for the lab tests. If Medicare denies payment, you're responsible for paying, but, since a claim was submitted, you can appeal to Medicare.
- **Option 2:** You want the lab tests that may not be paid for by Medicare, but you don't want to bill Medicare. You may be asked to pay for the lab tests now, but because you do not want Medicare to be billed, you can't file an appeal.
- **Option 3:** You don't want the lab tests that may not be paid for by Medicare, and you aren't responsible for any payments. A claim isn't submitted to Medicare, and you can't file an appeal. ACL urges you to notify your healthcare provider that you did not have the ordered tests performed when choosing this option.

Q4. What happens if I chose to continue with the testing?

If you chose to proceed with the testing and Medicare does not cover the services performed, you will be responsible for payment. You may be billed up front for the testing, or receive a bill later on.

Q5. How much will I have to pay?

You will receive an estimated cost for every lab test that we believe will not be paid for by the Medicare program.

Q6. If Medicare will not pay, 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 are important to your health. Please discuss any concerns you have regarding your test coverage directly with your healthcare provider.

Q7. Will supplemental insurance pay if Medicare does not?

Some Secondary and Supplemental insurance policies (sometimes called a 'Medigap' policy) may potentially reimburse for testing that is not paid for by Medicare. ACL will, upon request, submit claims to additional insurances on your behalf.

Q8. I've never had to sign an ABN before, why now?

ABN's are not new, but as Medicare policies are revised over time, they are being used with increasing frequency.

Q9. Will I always be asked to sign an ABN?

Each time your healthcare provider orders lab testing, ACL will look at the specific tests being ordered along with the diagnosis given and determine if an ABN is needed. You will only be asked to sign an 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: <https://www.medicare.gov/claims-appeals/your-medicare-rights/advance-beneficiary-notice-of-noncoverage> or you may call Medicare at **1.800.MEDICARE (1.800.633.4227)**.



Questions and Answers regarding Medicare Benefits and your Laboratory Tests

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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 a number of preventive services, including certain laboratory tests, to keep you healthy. Medicare Part C insurances are Medicare Advantage Plans that must also cover medically necessary lab tests, but can charge different copayments, coinsurance, or deductibles.

Medicare does not provide payment for every laboratory test. Medicare limits coverage of certain tests depending upon the reason your healthcare provider may have for ordering tests and how often testing is performed. 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.

Q1. What is the Advance Beneficiary Notice of Noncoverage (ABN)?

The ABN is a written form that lets you know when 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 your out of pocket cost for the tests if Medicare does not pay.

Q2. Why won't Medicare pay for my tests?

Medicare policy determines what tests will be paid for by the Medicare program and for which medical conditions. Medicare limits coverage of certain tests based off of diagnosis and whether or not it is a preventative service, frequency, and if the test is considered experimental.

Diagnosis - In order for Medicare to make payment, the diagnosis your healthcare provider gave when 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'.

Preventative - If your provider has indicated your tests are being done for preventative reasons or to screen for disease, Medicare may only pay for specific tests. If the preventative or screening test is not covered by Medicare policy, the ABN will state 'Medicare does not pay for these tests when ordered as routine screening'.

A list of Medicare covered preventive services and screenings can be found in the 'Medicare and You' publication at <https://www.medicare.gov/pub/medicare-you-handbook>.

Frequency - 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 and the ABN will state 'Medicare does not pay for these tests as often as this (denied as too frequent)'.

Experimental Testing - 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 for 'research use only'. If Medicare does not cover a test for this reason, the ABN will state 'Medicare does not pay for experimental or research use tests'.

Q3. What are my options?

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 pay for the tests out of pocket. You'll be asked to choose an option box and sign the notice to say that you have read and understood it.

