

Q. Must I sign an ABN every time a new procedure or test is ordered?

A. No. You will be asked to sign an ABN only when the doctor or member of your healthcare team has a good reason to think that Medicare will deny payment. It all depends on the procedure or test, the diagnosis and reason for ordering it.

Q. I've never been asked to sign an ABN before. Why must I sign one today?

A. There was no reason to believe Medicare would deny payment for procedures or tests the doctor ordered during your previous visits. But we think that Medicare won't pay for the procedure or test being ordered today.

Ask your doctor what the difference is between today and other visits when you didn't have to sign an ABN. Here are some likely possibilities:

- This is the same procedure or test and the same diagnosis. But since your last visit, Medicare has changed the rules and no longer pays for the procedure or test under this diagnosis;
- Some services or tests may not be covered due to frequency limitations.
- Your doctor has ordered different procedures or tests on previous visits. This is the first time he or she has ordered this particular procedure or test; or
- This is the same procedure or test your doctor ordered before, but your diagnosis has changed. That is, the doctor is ordering it for a different reason.

Q. What does Medicare not pay for in Part A and Part B of the original plan?

A. The original fee for service Medicare plan does not cover everything. Your out-of-pocket costs for health care may include, but is not limited to:

- Your monthly Part B premium
- Deductibles, coinsurance or copayments when you receive health care services
- Routine physicals and most tests for screening
- Most shots (vaccinations)
- Routine eye care, most eyeglasses and examinations
- Most dental care and dentures
- Orthopedic shoes and foot supports (orthotics)
- Routine foot care and flat foot care
- Hearing aids and hearing examinations
- Cosmetic surgery



If you have any additional questions about ABN, please call:

Compliance & Privacy Office

Tel. 714-456-1696

Laboratory Compliance Office

Tel. 888-824-5227

Medicare coverage

Tel. 800-633-4227

cms.gov

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Advanced Beneficiary Notice (ABN) Informational Guide



UC Irvine Health

CS1372 2/16



UC Irvine Health



Advanced Beneficiary Notice

Medicare is always changing. At times, Medicare may limit the amount of coverage for outpatient procedures and/or testing. It is possible your doctor may order a medical procedure or test that may not be covered by Medicare.

Before undergoing a medical procedure at UC Irvine Medical Center or any related UC Irvine Health facility, you may be asked to sign a form called an Advanced Beneficiary Notice (ABN).

An Advanced Beneficiary Notice informs you that you may have to pay for medical services your doctor has ordered if Medicare refuses to pay for it. By completing an ABN form, you acknowledge your financial responsibility for all services provided by UC Irvine Health that are not covered by Medicare.

This brochure is an information guide with frequently asked questions about ABN.

Frequently Asked Questions:

Q. Why do I need to sign an ABN?

A. Although Medicare pays for most patient procedures and tests; it may not pay for some services under certain circumstances. When this occurs, UC Irvine Health must request payment from the patient. We ask patients to sign an ABN whenever Medicare appears likely to deny payment for medical services your doctor has ordered.

Q. Why do you believe Medicare may not pay for the procedure or test?

A. Medicare only pays for procedures or tests that it considers to be medically necessary. Many tests are only considered medically necessary under certain circumstances, depending on your diagnosis. If your diagnosis is not one that Medicare accepts for the procedure or test ordered by your doctor, the procedure or test will not be considered medically necessary and Medicare will not pay for it.

We can evaluate the test and diagnosis selection prior to performing the test or procedure and determine if there is reason to believe that Medicare does not consider your test or procedure to be medically necessary.

Q. Do I have to sign the ABN?

A. Option 1: You may sign the ABN and have the medical procedure or test performed. You may then be billed if Medicare does not pay for it.

Option 2: You may choose to receive a procedure or test and pay for it out-of-

pocket, rather than have a claim submitted to Medicare. If you do so, you give up your right to appeal to Medicare.

Option 3: You may choose not to pay and not to have the procedure or test performed. It is advised that you consult with your doctor before choosing this option.

Option 4: You may refuse to sign the ABN and request that the procedure or test be performed. UC Irvine Health will perform the requested medical service, and you will be billed charges that Medicare does not cover—even though you refused to sign the ABN. A witness will sign the ABN to indicate that you've been advised about the ABN, refused to sign it, but still want the appropriate procedure or test.

Q. Is Medicare more or less likely to pay if I sign?

A. Neither. Signing an ABN does not affect Medicare's decision.

Q. If Medicare considers the procedure or test to not be medically necessary, then why perform it?

A. Your doctor has made a medical judgment that you need the procedure or test. He or she has considered your personal medical history, your diagnosis, the medications you may be taking and the generally accepted medical practices associated with your condition. When Medicare considers a procedure or test to not be medically necessary, it is not making a medical decision about your health. It's acting like an insurance company, deciding for what it

will and will not pay for. And just like private insurers, there are occasions when Medicare will not pay for services that doctors think are important for a patient's health.

Ask your doctor if you have any questions about the medical procedure or test recommended and why he/she believes it is medically necessary.

Q. Will supplemental insurance pay for charges Medicare does not?

A. Maybe. If you have a supplemental insurance policy (sometimes referred to as a "Medi-gap" policy), contact the insurance company and ask whether the policy covers procedures and tests not covered by Medicare. If so, find out how to submit claims for payment under the policy.

Q. How much will I have to pay for the procedure or test?

A. We will provide you with an estimate of the cost for the procedure or test on the ABN. Please review the charges before signing. Talk with your doctor if you can't afford to pay for a procedure or test.

Q. Will I be billed automatically?

A. No. After the procedure or test is performed, we will ask Medicare to pay for it. If Medicare does pay for it, you won't receive a bill. You will only get a bill from us for the service if Medicare denies the claim. You may contest the denial if you think it was wrong. Contact your doctor or Medicare if you wish to do that.