

Why Medicare Patients May Be Asked to Pay in Full for Services



Most Medicare patients believe that Medicare pays for everything they need or want at their physician's office, but there are services that either:

- Are only covered by Medicare for a specific medical need (for instance, performing a diagnostic EKG when the patient has no related symptoms)
- Are only covered by Medicare at specific intervals (for instance, performing a Pap smear more often than every 24 months for low-risk women)
- Are never covered by Medicare (for instance, an annual physical)

In any of the above cases, because Medicare may not or will not pay, medical practices will give the patient an Advance Beneficiary Notice (ABN) that explains what Medicare may not pay for, why Medicare may not pay for it, and what they (the patient) will be responsible for paying **IF** they elect to receive the service and sign the ABN stating so.

Additional Rules:

- The ABN must be supplied before the service is rendered, or the practice **may not** bill the patient.
- The practice cannot give out “blanket” ABNs that state “whatever Medicare won’t cover.”
- Once the patient signs the ABN and agrees to pay for the service, the practice must give a copy to the patient, keep the original on file and use a modifier on the claim to indicate that a signed ABN is on file and available for inspection.

The signed ABN is a requirement for charging and collecting from a patient for any services the patient asks for but Medicare may/will not cover. For the same circumstances for non-Medicare patients, a non-Medicare ABN may be used.

More About Using the ABN

On Thursday July 18th, from 3-4pm EST Manage My Practice is presenting a brand new webinar – **“Learn How to Use the Medicare ABN and the Non-Medicare ABN to Your Practice’s Advantage.”** This is an expanded webinar with 75 minutes of content and 15 minutes of Q & A with the attendees. This 90-minute program is \$99.00 per attendee. See more details below. [Click here to register for “Learn How to Use the Medicare ABN and Non-Medicare ABN to Your Practice’s Advantage.”](#)

What will I learn by attending the ABN webinar?

- Six benefits of using an ABN.
- How to evaluate losses due to use or non-use of the ABN.
- What is medical necessity and how does it relate

to the ABN?

- When is an ABN required by Medicare and is it used for Medicare Replacement Plans?
- How to complete the ABN form.
- Using the ABN functionality in your EMR.
- Workflow options for introducing the ABN to the patient.
- What to do about patients who refuse to sign the ABN.
- How to use the correct claim codes for the Medicare ABN.
- Collecting for ABN services.
- Using an ABN for commercial payers.

What does the program Action Pack include?

- Current Medicare ABN
- Non-Medicare ABN
- Workflow charts for the ABN process
- Sample protocol and policy for using an ABN

Click here today to register for the ABN Webinar.

Photo Credit: babymellowdee via Compfight cc