



MAKING MEDICARE MAKE SENSE

Answers To Some of The Most Commonly Asked Medicare Questions

Q: I Hear That As Of March 3, 2008 The Centers For Medicare & Medicaid Services Has Made Changes To Certain Advanced Beneficiary Notices. What are these Changes?

A: Yes, beginning on Monday, March 3, 2008, CMS will replace both the General Use Advanced Beneficiary Notice (ABN) (CMS-R-131-G) and the Lab ABN (CMS-R-131-L) used for physician-ordered laboratory tests, with one Advanced Beneficiary Notice, titled the *Advance Beneficiary Notice of Noncoverage*.

An ABN notifies beneficiaries that they need to make a choice about whether they want to receive these health care items or services because the provider expects that Medicare will not pay for the item(s) or service(s). Medicare only pays for items and services when Medicare rules are met and the item or service is covered by Medicare. The fact that Medicare may not pay for a particular item or service does not mean that one should not receive it. There may be a good reason that a patient's doctor recommended it.

Health care providers (including independent laboratories), physicians, practitioners, and suppliers may use the revised ABN for all situations where Medicare payment is expected to be denied.

The new features of the ABN are:

- A revised official title, the "Advance Beneficiary Notice of Noncoverage (ABN)," in order to more clearly convey the purpose of the notice that replaces two other ABNs;
- A requirement that the estimated costs of the items or services be shown;
- A new beneficiary option, under which an individual may choose to receive an item/service and pay for it out-of-pocket, rather than submit a claim to Medicare.

CMS will provide a 6-month transition period to providers. Beginning March 3, 2008 until no later than September 1, 2008, all providers and

suppliers must begin using the new ABN (CMS-R-131). This means that some Medicare beneficiaries may see the new form soon, others may not until September 2008.

As always, if you have a question(s) about any Medicare topic, you can call 1-800-Medicare, which is, 1-800-633-4227, 24 hours a day, seven days a week.