



# Summary of Your Medicare Payments

## INTEGRIS Advance Beneficiary Notifications Manager Talking Points

**INTEGRIS**

### Q. What is an ABN?

A. An ABN is a written Medicare notice outlining procedures that may not be covered due to Medicare's Medical Necessity policies. ABNs list the services Medicare isn't expected to pay and provides a price estimate for these services.

### Q. What is Medical Necessity?

A. Medical necessity relates to medical, surgical and diagnostic procedures and services that may be justified as reasonable, necessary and/or appropriate, based on evidence based clinical care standards. The CPT determines Medical Necessity (medical, surgical and diagnostic procedures and services to health insurance companies and accreditation organizations) and ICD-10 codes (system used by physicians and other health care providers to classify and code all symptoms and diagnoses).

### Q. How do CPT and ICD-10 codes relate to Medical Necessity?

A. Medicare policies including National Coverage Determinations and Local Coverage Determinations describe coverage criteria for certain medical, surgical and diagnostic procedures. Medicare will cover certain services (CPT codes) **only** if specific symptoms or diagnoses (ICD-10 codes) are reported. Example: MRA of the head with and without contrast (CPT code: 70546) is covered by Medicare when reported with the diagnosis of transient visual loss, bilateral (ICD-10 code: H53.123), but not covered when reported with an ICD-10 code of H53.10, unspecified subjective visual disturbances. This means Medicare will pay for the service, in this example, when an ICD-10 of H53.123 is reported, but won't pay when the ICD-10 code of H53.10 is reported.

integrisok.com

Q. How does this impact the patient?

A. When a service order is entered that may not be covered, the ordering provider may have the chance to review this information with the patient and, either explore a different but equally clinical appropriate service, or explain the patient may be responsible financially for the service cost if Medicare does not pay. In either case, the patient should be informed and empowered to make the most appropriate decision related to their health care. In cases when the patient is not present, Patient Access representatives make every reasonable effort to contact the ordering provider and patient prior to services being rendered to make necessary notifications and gain approvals or alternative services.

Q. Do patients have options regarding ABNs if referred services are not covered?

A. **Option 1:** I want the items or services listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a MSN (Medicare Summary Notice). I understand if Medicare does not pay, I am responsible for payment, but **I can appeal to Medicare** by following MSN directions. If Medicare does pay, you will refund any payment I made to you, less co-pays or deductibles.

**Option 2:** I want the items or services listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal to Medicare if Medicare is not billed.**

**Option 3:** I do not want the items or services listed above. I understand with this choice I **am not** responsible for payment, and **I cannot appeal to see if Medicare would pay.**

Patients may refuse to sign the ABN and either proceed or decline services:

- 1 - ABN refused: noted on form, signed by two witnesses. In this case the patient proceeds with services and is financially responsible.
- 2 - ABN refused: services not performed.

Q. How does this impact the clinical areas performing the services?

A. Despite the best efforts of providers and Patient Access, patients will, at times, have an unsatisfied ABN when they report to clinical areas for services. Clinical areas impacted by ABNs include radiology, endoscopy, diagnostic cardiology, interventional radiology, transplant, INTEGRIS Cancer Institute (chemo treatment and therapy plans), ambulatory infusion centers, HOD areas not supported by Patient Registration and pharmacy (order entry for treatment and therapy plans).

Questions? Please contact Kimberly Brown at [kimberly.brown@integrisok.com](mailto:kimberly.brown@integrisok.com).

[integrisok.com](http://integrisok.com)