

Advance Beneficiary Notice of Noncoverage (ABN)

Frequently Asked Questions

What is an Advance Beneficiary Notice (ABN)?

An ABN is a written notice from Medicare given to you before receiving certain items or services. Center for Medicare and Medicaid Services (CMS) implemented the ABN to inform Medicare beneficiaries when Medicare **may** deny payment for an item or service.

An ABN gives you the opportunity to accept or refuse the items or services and protects you from unexpected financial liability in cases where Medicare denies payment. It also offers you the right to appeal Medicare's decision.

Why is Spectrum Health asking you to sign an ABN?

Spectrum Health is obligated to issue an ABN when we believe:

- Medicare may not pay for an item or service;
- Medicare may not consider the item or service reasonable and necessary for a patient in a particular instance; and
- Medicare may have a frequency limitation associated with the item or service

What is medical necessity?

Medicare defines medical necessity as services that are:

- Reasonable and necessary
- For the diagnosis and treatment of some illnesses or injuries
- Not excluded under another provision of the Medicare program

Medicare limits coverage of certain items and services by the diagnosis. If the diagnosis on the claim is not one Medicare covers for the item or service, Medicare will deny the claim. Spectrum Health is required to issue the ABN prior to performing a usually covered item or service when the diagnosis does not meet medical necessity.

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What are frequency limits?

Some Medicare-covered services are subject to frequency limitations. A frequency limit means Medicare will pay for only a certain quantity of specific item or service in a given time period for a particular diagnosis. For example, a screening mammogram is covered once every 11 months.

What are my options if Medicare denies for medical necessity or frequency?

When your Medicare Summary Notice (MSN) shows Medicare has denied payment for an item or service, you have the option to file an appeal. Receiving an ABN does not prevent you from filing an appeal with Medicare if you feel the items or services are necessary. If you have questions regarding filing an appeal, or why your service was denied, you may contact Medicare by calling **1.800.MEDICARE** (1.800.633.4227/TTY: 1.877.486.2048).