

What to do when a service is not covered by Medicare

Dr. Jones would like to order a High Sensitivity C-Reactive Protein laboratory test in order to screen his patient (Mr. Smith) for coronary heart disease. Dr. Jones checks the Medicare coverage determination for High Sensitivity C-Reactive Protein testing and discovers that Medicare will not pay for this test when it is performed for screening purposes.

What should Dr. Jones do if he proceeds with ordering a “screening” High Sensitivity C-Reactive Protein test for Mr. Smith?

Answer

Since Medicare will not pay for a “screening” High Sensitivity C-Reactive Protein test, Dr. Jones should inform Mr. Smith that the test is not covered by his insurance and ask Mr. Smith to sign an Advance Beneficiary Notice (ABN) Form.

Medicare regulations require health care providers to issue an ABN when a service will not be covered by Medicare. The intent of the ABN is to inform the patient that the service is not covered by Medicare and that they will be financially responsible for the service.

For additional guidance on ABNs, please access the following link;

https://www.cms.gov/BNI/02_ABN.asp