

If Medicare will not pay for a service, does that mean I do not need the service?

No. Dr. Sampson and all LASCMA affiliated physicians base decisions on a wide range of factors including your personal medical history, any medications you might be taking, and generally accepted medical practices. Even if your doctor believes a particular test/service is "good medicine," and useful information to have in order to provide the best care for you, it is possible Medicare or OIP's may not consider the service to be medically necessary for patients with your medical problem(s).

What if I have questions?

If you have questions, you should discuss them with your physician or, if you prefer, any member of LASCMA management (Marlene Nocente) at the time of service.

A knowledgeable consumer
is a SMART consumer!

This educational pamphlet is a service provided by LASCMA. The information it contains is a service provided for clients of LASCMA - Hollywood Office, located at 1300 N Vermont, Ste#805, LA, CA 90027.

For additional Information
contact your
Medicare or other
Health Insurance Plan Representative

Important
Information from
LASCMA
for clients with
Medicare
& / or other
Health Plan
benefits
concerning
Non-Covered
Services

What is "Medical Necessity?"

Medicare and many "other insurance plans" (OIP's) cover only those services which are reasonable and necessary for your treatment. Medicare and OIP's require all providers to report information regarding the patient's diagnosis when seeking payment so that they can determine whether the tests ordered were medically necessary.

What is an ABN?

An ABN is an Advance Beneficiary Notice. The purpose of the ABN is to give you advance notice that Medicare or your insurance plan may not pay for your services. The ABN tells you which test(s) are not reasonable and necessary and informs you that you will be financially responsible for the services. When required, you will be asked to sign the ABN before services are performed.

What options do I have?

You have two options when an ABN form is presented to you. You may:

- 1) agree to pay for the services that Medicare or your insurance plan considers unnecessary or
- 2) refuse to be responsible for payment of services that Medicare or your insurance plan will not cover and, therefore, not receive the tests or services.

What are my rights as a patient?

As a Medicare - part B or OIP member, you have certain guaranteed rights. These rights protect you when you receive health care; assure you access to needed health care services; and protect you against unethical practices. Under Medicare guidelines*, your rights include, but are not limited to:

- The right to information about services not covered and how much you will have to pay
- The right to information about all treatment options available to you
- The right to appeal decisions that deny or limit payment for medical care.

**...for OIP's, see your benefits plan for more information.*

How does the billing process work?

Generally, LASCMA will bill Medicare or OIP's directly for services performed at this office (an EKG, for example). We generally do not bill, however, for services which are performed at outside facilities; for example, when blood samples are sent to Unilab@ for testing or a prescription for a chest x-ray is filled & conducted at Hollywood Presbyterian's Radiology Dept. It is that facility (which performs the test and not LASCMA) that bills Medicare or OIP's directly for you. The facility provides Medicare or OIP's with your member identification number, the tests performed, and the diagnoses warranting the procedures (as noted by 3-5 digit #'s provided by LASCMA on the requisition slip or prescription).

What if I decline to sign the ABN?

If you want the service(s) but do not sign the ABN, the services will be performed & you will be responsible for payment.