

## Non-covered services waiver FAQ

Allina Health Aetna MR, Blue Cross Medicare Advantage MR, Health Partners Medicare Advantage MR, Humana Gold MR, Medica Advantage MR, Medica Dual Solutions MSHO, Medica Prime Solutions MR, UCARE Medicare Complete, UCARE Medicare Plans MR (includes UCARE for Seniors and UCARE Medicare Advantage)

### Why is a waiver needed?

Allina Health Aetna MR, Blue Cross Medicare Advantage MR, Health Partners Medicare Advantage MR, Humana Gold MR, Medica Advantage MR, Medica Dual Solutions MSHO, Medica Prime Solutions MR, UCARE Medicare Complete, UCARE Medicare Plans MR (includes UCARE for Seniors and UCARE Medicare Advantage) follow the Centers for Medicare & Medicaid Services (CMS) coverage guidelines around medical necessity, but do not accept the standard CMS Advance Beneficiary Notice (ABN) format. Allina Health Laboratory must have documentation that the patient was notified and is willing to accept responsibility for these charges when a covered diagnosis is not applicable. A completed Non-covered Services Waiver must be signed by the patient and submitted with the specimen.

### Who is responsible for collecting the waiver?

The facility who collects the sample for testing is responsible for presenting the waiver to the patient.

If the sample is collected at your facility, the waiver must be completed and submitted with the sample; If the patient is sent to Allina Health Laboratory to have specimens collected, then it will be the responsibility of Allina Health Laboratory staff to collect the waiver.

### What is needed for a complete waiver?

- The test name or CPT under the service section
- Reason for the waiver—non-covered
- Estimated cost
- Date of birth
- Printed readable patient name
- The patient will choose option 1 or 2
- The beneficiary (or representative) must sign the notice to indicate that he or she has received the notice and understands its contents.
  - If a representative signs on behalf of a beneficiary, he or she should write out “representative” in parentheses after his or her signature. The representative’s name should be clearly legible or noted in print. The relationship to the patient should be filled in as well.
- A copy of the completed waiver must be given to the patient

### How is the estimated cost obtained?

The fee schedule is the same fee schedule that is currently used for the ABN completion. If an additional copy is needed, please contact your account representative.

### How does this affect the patient?

If the patient signs and selects option 1 of the completed waiver, they are accepting responsibility to pay for charges that are not covered by insurance. If the patient selects Option 2, they are electing not to have the lab testing drawn/performed.

### What happens if a waiver is not collected and the testing is subject to medical necessity?

If the patient does not sign the waiver, your clinic will be subject to bill back.