

# Correct Utilization of ABNs for Aetna Medicare Advantage Members

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Providers should be aware that an Advance Beneficiary Notice of Noncoverage (ABN) is not a valid form of denial notice for a Medicare Advantage member. The Original Medicare program uses ABNs — sometimes called “waivers” but you can’t use them for patients in Aetna Medicare Advantage plans.

Providers in the Medicare program should know what services Original Medicare covers and those it does not. Aetna Medicare Advantage plans must cover everything Original Medicare does. In some cases, Aetna may provide coverage that is more substantial or benefits that go beyond what’s covered by Original Medicare. If unsure, it is highly recommended that you call to verify coverage. Providers in a Medicare Advantage plan can’t charge a Medicare Advantage member for a service not covered under their plan unless that member gets a preservice organization determination (OD) notice of denial from Aetna before getting such services.

If the member does not have a preservice OD notice of denial from Aetna, you are unable to hold the member financially liable for the noncovered services. You can’t charge them any amount beyond the normal copayments, coinsurance and deductibles. However, if a service is never covered under Original Medicare or is a clear exclusion in the plan documents, a preservice OD isn’t needed. In this instance, you may hold the member financially liable for such noncovered services.

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Note that services or supplies that are not medically necessary or are not covered in the clinical criteria are not “clear exclusions.” In such cases, the member isn’t likely to know if a service is medically necessary. You or the member can initiate an OD notice. This will help determine if the member has coverage for a service before they receive care. This will also help everyone know the status of benefits before setting up a lab or diagnostic test.

You’ll only be able to hold an Aetna Medicare member financially responsible for a noncovered service if:

- ⇒ A service or supply is never covered under Original Medicare
- ⇒ The member has a preservice OD denial notice from Aetna and decides to proceed with the service knowing they will have to pay the full cost