

BIONICS ORTHOTICS AND PROSTHETICS: MEDICARE REIMBURSEMENT INFORMATION

Medicare does not provide prior authorization for the majority of orthotic and prosthetic devices. Bionics works hard to ensure that the appropriate documentation is acquired from your referring physician in order to provide justification for your device. Please understand that:

- Certain criteria need to be met in order for your device to be paid for by Medicare. If we do not believe there is sufficient documentation or justification from your doctor, or if you have had a similar device in the past five years, you may be required to sign an Advanced Beneficiary Notice (ABN). This lets you know why the item(s) might not be covered, and what your cost would be if denied by Medicare. Below is a sample ABN:

A. Notifier: _____
 B. Patient Name: _____ C. Identification Number: _____

**Advance Beneficiary Notice of Non-coverage
(ABN)**

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

OPTION 1. I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

OPTION 3. I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information: _____

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature: _____	J. Date: _____
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CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Ann PMA, Reports Clearance Officer, Baltimore, Maryland 21244-1570.

Form CMS-R-131 (Exp. 06/30/2023) Form Approved OMB No. 0938-0566

- We may need your help getting the documents from your doctor, and this process may delay fabrication of your device if we are not getting a response.

If you have a **Medicare Advantage plan**, the company to which you have assigned your benefits may have a prior authorization process. Contact our office to speak with a specialist if you have questions about your insurance coverage or the process of receiving your orthosis or prosthesis.