



Minnesota Health Care Programs (MHCP)

Advance Recipient Notice of Non-covered Service/Item

MHCP does not pay for everything, even some services or items that you or your health care provider has good reason to think you need. MHCP does not pay for the non-covered service/item listed below. Your health care provider is allowed to charge you and you will have to pay if you choose to get this service or item. Before signing this form:

- Read this notice and the instructions so you can make an informed choice about your care
Ask your health care provider any questions that you may have

Provider: Print both pages of this form; keep one copy in recipient file, give one copy to recipient.

Recipient Information

Form with fields: RECIPIENT LAST NAME, FIRST NAME, MI, MHCP RECIPIENT ID #, DATE OF BIRTH, Non-covered service/item - description, Reason(s) service/item is not covered by MHCP, Alternate covered service(s)/item(s), Estimated cost of non-covered service/item, Terms of payment

Recipient Signature - Read the statement below, check the box if you understand and agree, sign and date.

Signature section with checkbox: I want the non-covered service/item listed above. I understand that: [List of reasons] and signature fields for recipient or legal guardian.

Provider Signature

Individual Providers - If you were the person who explained this form and discussed available options, complete:

- Individual Provider Name
Individual NPI/UMPI
Individual Provider Signature/Date fields

Group Providers - If someone within your organization explained this form and discussed available options, use your group NPI and have the health care representative (assistant, patient care coordinator, etc.) complete:

- Group Provider Name
Group NPI/UMPI
Authorized Healthcare Representative Signature/Date fields, signed by the facility's designated representative

Form with fields: INDIVIDUAL PROVIDER NAME, INDIVIDUAL NPI/UMPI, INDIVIDUAL PROVIDER SIGNATURE, DATE, GROUP PROVIDER NAME, GROUP NPI/UMPI, AUTHORIZED HEALTHCARE REPRESENTATIVE SIGNATURE, DATE

# Advance Recipient Notice of Non-covered Service/Item Instructions

MHCP does not cover:

- Health services
  - When a physician's order is required but not obtained
  - Not in the recipient's plan of care, individual treatment, education or service plan
  - That are of a lower quality standard than the prevailing community standard of the provider's professional peers (providers of services that are determined to be of low quality must bear the cost of these services)
  - Other than emergency health services, provided without the full knowledge and consent of the recipient or the recipient's legal guardian
  - Provided outside the United States or by providers whose financial institutions or entities are located outside the U.S.
  - Provided by practitioners working outside their scope of practice or without appropriate credentials
- Missed appointments (do not bill MHCP recipients for missed appointments)
- Reversal of voluntary sterilizations
- Primarily for cosmetic purposes
- Vocational or educational services, including functional evaluations or employment physicals, except as provided under individual education plan-related services

**Upgrade** An upgrade is not a separate part of a service/item; a service/item that is an increased, newer or more advanced version of its base. For example, a power wheel chair is an upgrade of a manual wheel chair, or a CT scan is an upgrade of an x-ray.

**Add-on** An add-on is a separate part of a service/item; a service/item that is added to enhance a service/item. For example, a basket is an add-on to a walker, or an ultrasound modality is an add-on to a therapy.

## Provider

- Accept payment from a recipient for a non-covered service/item only when all of the following apply:
  - The recipient is not enrolled in the restricted recipient program OR the recipient is enrolled in the restricted recipient program and the provider is not one of the provider types designated for the recipient's health care services
  - You reviewed with the recipient the service limits, reason(s) the service/item is not covered and available covered alternatives
  - You obtain a recipient signature on this form
- You must request authorization/seek payment from the other insurance or Medicare before you request authorization/payment from MHCP or the recipient
- When a service/item requires authorization, request authorization through the MHCP medical review agent. If the authorization is denied for other than a billing error or lack of documentation, you may bill the recipient
- Do not request payment from the recipient for:
  - A service that requires authorization unless authorization was denied as not medically necessary and you have reviewed all other therapeutic alternatives with the recipient
  - A service MHCP denied for reasons related to billing requirements
  - Standard shipping or delivery and setup of medical equipment or medical supplies
  - Services included in the recipient's long term care per diem
  - More than your usual and customary charge for the service/item
  - The difference between what MHCP would pay for a less costly alternative service and the upgraded service provided
- If MHCP makes any payment, you may bill the recipient only for amounts designated as cost-sharing or spenddown
- Do not use this form for controlled substance prescriptions, gabapentin or tramadol (see MHCP Advance Recipient Notice of Non-covered Prescription (DHS-3641))

## Recipient

You are asking for a service or item that MHCP does not cover or you do not meet the criteria for it. Your health care provider has to tell you why the service or item is not covered. The provider also has to tell you about other services or items that MHCP covers. If you still want the non-covered service or item, sign the form. You are responsible to pay the provider for the service or item.

If you have questions about this form, call the MHCP Member Help Desk 651-431-2670 or 1-800- 657-3739.

If you believe your service or item should have been covered by MHCP and you were billed by the provider in error, you have the right to appeal.

Attention. If you want free help translating this information, call (651) 431-2670 or (800) 657-3739.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم (651) 431-2670 أو (800) 657-3739.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅ (651) 431-2670 ឬ (800) 657-3739 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite (651) 431-2670 ili (800) 657-3739.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (651) 431-2670 lossis (800) 657-3739.

ໂປຼດຊາບ. ຖ້າທ່ານກວ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງໂທໂທ (651) 431-2670 ຫຼື (800) 657-3739.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu (651) 431-2670 ykn (800) 657-3739.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните (651) 431-2670 или (800) 657-3739.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac (651) 431-2670 ama (800) 657-3739.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al (651) 431-2670 o (800) 657-3739.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi (651) 431-2670 hoặc (800) 657-3739.

134-0005 (10-09)

ADA1 (12-12)

**This information is available in accessible formats for individuals with disabilities by calling local 651-431-2670, toll-free 800-657-3739, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.**