

Dr. Matthew Russo FAQs for Medicare Opt-Out Services¹

1. What does it mean that Dr. Russo is opting out of Medicare? Am I not allowed to use my Medicare insurance? How am I supposed to pay for my visits and other services or surgery if I need it?

Opting out of Medicare means that Dr. Russo is no longer accepting Medicare as an insurance option, including all Medicare Advantage, Medicare supplements, Medicaid or any related Medicare insurance. Instead, you will be asked to sign a private contract with Dr. Russo to provide, and pay for, your care. A copy of the contract may be provided upon request.

Dr. Russo has chosen not to charge for consultation and clinic visits. As a result, you will only incur fees if you need surgery. To be compliant with the Medicare rules, however, you will need to sign the private contract for services before being seen. Pursuant to the Agreement, neither you nor Dr. Russo would submit fees to Medicare for reimbursement – you would instead pay for the services under the terms of the private contract.

Patients still have the option to see another provider within OrthoArizona who does take Medicare, including Dr. Russo's PA, Kylie Yuhas. In this way, you can still utilize your Medicare insurance to pay for other clinic services such as x-rays, injections, and bracing. In order to obtain surgery from Dr. Russo, though, you will need to work under the private contract and not through a Medicare insurance plan.

2. How much will this cost? Will I be expected to pay for all services up front?

We can provide you with a fee schedule document listing the main fees and services for Dr. Russo. Dr. Russo does not charge for consultation and clinic visits. Surgery is a flat fee and covers any follow-up care within the first 90 days after surgery, including any post-operative complications, even if additional surgery is needed during that time. All follow-up clinic visits are included as well. The only additional fees would be the cost of x-rays if not already performed with Kylie within the previous 6 months (payable at the time of the x-ray, fees listed on the fee schedule). You may still use your insurance for the cost of bracing as well.

If surgery is recommended, Dr. Russo's surgical fee (called the Professional fee) is the only cost paid by the patient directly. Medicare will continue to cover all other aspects of your surgery including anesthesia, the facility fees for a surgery center or hospital, physical therapy and related postop services, and any implant costs.

The estimated amount of this fee can be found within the fee schedule and depends on the procedure and complexity of the surgery. Most primary hip and knee replacements are

¹ Please note that this is not legal advice. If you have questions, you should consult with OrthoArizona. This document is only intended to assist in answering common questions and does not supersede any agreements you may be asked to sign. This information is subject to change.

expected to cost approximately \$6,500, but this fee is subject to change. A quote for services will be provided at the time of your consultation visit.

Fees can be paid in multiple ways. If you have an HSA or FSA, those may be eligible payment methods – you will need to understand the specific terms of these accounts. We can assist with that as well.

We also have available payment credit options if you choose to pay your surgical fees over time, but this must be set up prior to surgery.

3. If I sign the private contract, am I required to go forward with Dr. Russo?

You may switch your care from Dr. Russo to any other provider at any time. The private contract only exists to outline the payment relationship between you and Dr. Russo. You can go to other providers for surgery or for other care without any issues or concerns, even after you have had a consult in the office

4. I have Medicare but I am not sure if I need surgery or not, do I need to pay extra just to be seen in the office? Can I see Dr. Russo's Physician's Assistant instead?

At this time, Dr. Russo has elected to not charge a consultation fee to be seen in the office. Accordingly, you can be seen with no fee for the visit. As per Medicare rules, though, you would still need to sign the private contract agreement before the visit.

Dr. Russo's Physician's Assistant, Kylie Yuhas, will continue to take Medicare and is an independent provider who can see you for evaluation. She will be able to order all associated clinic services, such as X-Rays, injections, and bracing, and those fees will be submitted to Medicare following standard procedures.

Dr. Russo and Kylie work as a team – and if she deems that you are surgically ready during her independent evaluation of you, or if you decide you would still like to see Dr. Russo, she will refer you to Dr. Russo. At that point you would need to sign a private contract for services with Dr. Russo as described.

5. I have a secondary insurance plan for Medicare – will that cover my additional out of pocket expenses?

Dr. Russo has opted out of all Medicare plans, which includes any Medicare supplements, Medicare Advantage, Medicare Replacement or related plans. You will not be able to use any of these insurance options to pay for services provided by Dr. Russo. Instead, you would sign the private contract outlining the fees for services.

6. What happens if I have a complication after my procedure that requires additional surgery? Will I have to pay more money?

Dr. Russo will not charge any additional fee for postoperative complications requiring a return to the operating room within 90 days of surgery.

7. I have a commercial insurance plan in addition to Medicare. Can I use my commercial insurance still?

Dr. Russo continues to accept almost all non-Medicare commercial insurance plans. If you choose to use your commercial insurance, you can proceed with all visits with Dr. Russo normally. If your insurance changes to Medicare, or you want to switch to Medicare, you would then be required to sign a private contract with Dr. Russo.

8. I have Medicare and Dr. Russo did my surgery years ago. I am now having pain in the area that he did the surgery. Do I have to see another doctor?

Dr. Russo feels that it is important to continue to be available for all his patients. You are welcome to return to the office for a follow-up visit with him to discuss your concerns without any additional cost. If your insurance is Medicare, however, you will need to sign a private contract before being seen.

Fee Schedule²

Office consultations

- All office consultations, including all visit types for new and established patients: \$0

Surgery fees:

- Total hip replacement: \$6500
- Total knee replacement: \$6500
- Partial knee replacement: \$6500
- Revision hip or knee replacement: \$10,000

X-Ray Fee examples: Not typically necessary if already performed within 6 months but good faith estimate will be provided at time of service.

- CPT 73502 – X-Ray Hip L / R with or without Pelvis Min 2-3 views: \$89.00
- CPT 73552 – X-Ray Femur L / R / Bilateral 2 views: \$69.00
- CPT 73564 – X-Ray Exam of Knee L / R / Bilateral Anika 4 views: \$86.00
- CPT 73562 – X-Ray Exam of Knee L / R / 3 views: \$77.00

² This fee schedule contains estimates and is being provided for educational purposes only. Prices may vary. Prices may change over time or may increase due to the complexity of your case. We may provide a more detailed and personalized estimate upon request. This fee schedule does not supersede any agreements you may be asked to sign.