

SUMMARY INSTRUCTIONS FOR USING ABN
MARCH 1, 2009

Below are summary instructions for the basic use of the ABN. To view the complete instructions from CMS for the completion of the Advance Beneficiary Notice of Non-Coverage, go to the link on our website at www.biotechlab.com or go to http://www.cms.hhs.gov/BNI/02_ABNGABNL.asp .

Background Information:

If a patient is covered under the Medicare or Medicaid program and there is reason to believe that the testing being ordered will result in denial of payment or non-coverage, the ABN should be executed. This allows the lab to bill the patient for testing if payment is denied. The ABN must be completed in full, per the following instructions, and a copy attached to the requisition and a copy given to the patient, in order for the ABN to be enforceable. Please use these procedures to ensure that the ABN is completed correctly.

PROCEDURE:

1. ABN's are to be completed PRIOR to collecting the lab sample when there is reason to believe that the test(s) ordered will be denied by Medicare or Medicaid.

2. There is reason to believe that a test will be denied due to the following reasons:
 - a. Medicare doesn't pay for the test for the reason (diagnosis) provided.
In general, Medicare part B does not pay for the reasons of "screening, rule-out, annual, routine, or pre-op". If such reasons or diagnoses are the only ones provided, contact the client to determine if there are clinical signs or symptoms that caused the physician to order the tests. If so, document additional diagnoses provided. If there are none, the ABN is to be completed.

There are certain tests for which there is an NCD (National Coverage Determination) or LCD (Local Coverage Decision) for which there is a specific list of diagnosis codes that constitute "medical necessity", and thus payment for the test. The most common tests for which we are denied for medical necessity are:

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|---------------------|-------------------------|
| • Hemoglobin A1C | • Urine Culture |
| • Iron | • PSA |
| • Ferritin | • CEA |
| • Lipid Panel (PCO) | • CA125 or CA12.5 |
| • TSH | • Acute Hepatitis Panel |

Note: The complete list of tests with NCD's is shown on page 4 as an addendum; however the list of covered diagnosis codes is subject to change.

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- b. Medicare does not pay for this test as often as this (denied as too frequent).
There are only a few tests for which the lab is denied for frequency, as listed below. Please complete the ABN for these tests if there is any chance the test has been ordered by your office or another physician within the last year.
- Screening PSA (only allowed 1/year)
 - Screening Occult Blood (only allowed 1/year)
 - PAP Smear
 - Thin Prep PAP Smear
- c. Medicare does not pay for experimental or research use tests. I
MedLab does not perform any experimental or research use tests in-house. If there is an unusual test ordered, please phone your client service representative to determine if an ABN is needed.
3. If determined that an ABN is needed, complete the form in full and double-check your work.
- a. Print patient's name legibly, as it appears on their Medicare/Medicaid card.
 - b. For the Identification Number, write in our Accession Number. **DO NOT WRITE** the patient's Social Security Number OR Medicare/Medicaid number on this form, as this will invalidate the form.
 - c. Write in the name of the lab test(s) that you believe will be denied.
 - d. Check off the reason why you believe it will be denied.
 - e. Write in the estimated cost of the test, to help the customer determine how to proceed. (Use pricing listed on page 4).
 - There must be a good faith effort to provide a reasonable estimate for all of the items or services listed. The estimate should be within \$100 or 25% of the actual costs, whichever is greater; however, an estimate that exceeds the actual cost substantially would generally still be acceptable, since the beneficiary would not be harmed if the actual costs were less than predicted.
4. Review the ABN with the patient, instructing them to review the three options, check one of the three boxes, sign and date the form.
- Please double check to make certain that one of the boxes is checked and that form is both signed and dated. If any of these are missing, the document is invalid.
 - A representative/responsible party may sign on behalf of the patient; however he or she must write out "representative" in parentheses after his or her signature. The representative's name should be clearly legible or noted in print.

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5. Under the Additional Information section, the lab representative may want to use this space to document the following:
 - A statement advising the beneficiary to notify his or her provider about certain tests that were ordered, but not received;
 - Information on other insurance coverage for beneficiaries, such as a Medigap policy, if applicable ;
 - An additional dated witness signature; or
 - Other necessary annotations. “beneficiary refused to select an option”
6. Make a copy of the completed form. Attach the original to the requisition form. Provide the duplicate copy to the patient.
7. **Should you have additional questions, please consult the full CMS instructions posted on our website at www.biotechlab.com.**

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ADDENDUM**NCD's - NATIONAL COVERAGE DECISIONS and ESTIMATED COSTS**

The following tests are subject to denial for medical necessity.
To see the complete listing of tests and covered diagnostic codes for each of these NCD's, go to
http://www.cms.hhs.gov/mcd/index_section.asp?from2=index_section.asp&ncd_sections=40&

- Alpha-fetoprotein (AFP) (\$50)
- Blood Counts (\$30)
- Blood Glucose Testing (\$15)
- Carcinoembryonic Antigen (CEA) (\$60)
- Collagen Crosslinks, any Method (Call client service for price)
- Digoxin Therapeutic Drug Assay (\$35)
- Fecal Occult Blood Test (FOBT) (\$20)
- Gamma Glutamyl Transferase (GGT) (\$20)
- Glycated Hemoglobin/Glycated Protein (\$35)
- Hepatitis Panel/Acute Hepatitis Panel (\$120)
- Human Chorionic Gonadotropin (hCG) (\$65)
- Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (\$55)
- Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (Call for price)
- Lipid Testing (\$50)
- Partial Thromboplastin Time (PTT) (\$25)
- Prostate Specific Antigen (PSA) (\$75)
- Prothrombin Time (PT) (\$20)
- Serum Iron Studies including Ferritin (\$65)
- Thyroid Testing (\$50)
- Tumor Antigen by Immunoassay - CA 125 (\$50)
- Tumor Antigen by Immunoassay - CA 15-3/CA 27.29 (\$100)
- Tumor Antigen by Immunoassay - CA 19-9 (\$50)
- Urine Culture, Bacterial (\$40)