

ABN & MEDICARE

A number of tests are designated as Medicare limited coverage tests. Medicare will only reimburse providers for these tests based on a limited list of diagnostic reasons and frequency limitations. The limited tests and the covered diagnoses are published by CMS and are called National Coverage Determinations (NCD). Our local Medicare contractor also has published additional Local Coverage Determinations (LCD). An ABN (Advance Beneficiary Notice of Non-coverage) should be collected for any patient with frequency limited testing or with a diagnosis that is not listed in the NCD/LCD policy. By signing an ABN, the patient indicates that he or she is responsible to pay for the tests if Medicare denies payment. Tests done for screening, investigative or research purposes will not be covered by Medicare. Medicare never covers the General Health Panel.

For a current copy of Intermountain Healthcare Laboratory Services ABN in English or Spanish contact Client Services at 1-877-353-1106.

An example of an ABN form is provided here.

For more detailed information about LCDs and NCDs go to the following site:
<https://www.cms.gov/medicare-e-coverage-database/>



**Intermountain
Laboratory Services**

36 South State Street
Salt Lake City, Utah 84111

Patient Name: _____ **Identification Number:** _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for items checked or listed in box 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 items listed or checked in box below.

Listed or Checked Items Only:
 Medicare does not pay for these tests:
 -e=condition (for your condition) -nc=never covered

Estimated Cost:	Estimated Cost:	Estimated Cost:
<input type="checkbox"/> Alpha fetoprotein \$120	<input type="checkbox"/> Genetic Testing Call Lab \$45	<input type="checkbox"/> PSA \$85
<input type="checkbox"/> BNP(n-type natriuretic peptide) \$120	<input type="checkbox"/> (part B) G/T \$45	<input type="checkbox"/> PTT \$40
<input type="checkbox"/> CA125 \$110	<input type="checkbox"/> G/T \$45	<input type="checkbox"/> T uptake \$20
<input type="checkbox"/> CA 15-3 (27.29) \$120	<input type="checkbox"/> Glucose \$40	<input type="checkbox"/> Thyroxine (T4) \$65
<input type="checkbox"/> CA 19-9 \$120	<input type="checkbox"/> hCG \$75	<input type="checkbox"/> Transferrin \$75
<input type="checkbox"/> CBC (or any component) \$45	<input type="checkbox"/> HDL cholesterol \$50	<input type="checkbox"/> Triglycerides \$60
<input type="checkbox"/> CEA \$125	<input type="checkbox"/> Hemoglobin A1C \$80	<input type="checkbox"/> TSH \$90
<input type="checkbox"/> Cholesterol \$30	<input type="checkbox"/> Hepatitis panel \$230	<input type="checkbox"/> Urinalysis \$40
<input type="checkbox"/> Collagen Crosslink \$120	<input type="checkbox"/> HIV (PCR diagnostic) \$230	<input type="checkbox"/> Urine culture \$65
<input type="checkbox"/> Cytogenetic (part B) \$900	<input type="checkbox"/> Iron \$50	<input type="checkbox"/> & Sensitivities \$80
<input type="checkbox"/> Digoxin \$90	<input type="checkbox"/> Iron Binding Cap. \$70	Vitamin D
<input type="checkbox"/> Drug Screen & Confirmation Testing Lab	<input type="checkbox"/> LDL cholesterol \$30	<input type="checkbox"/> 25 Hydroxy \$100
<input type="checkbox"/> Ferritin \$70	<input type="checkbox"/> Lipid panel \$75	<input type="checkbox"/> DHydroxy 1,25 \$70
<input type="checkbox"/> Free Thyroxin (freeT4) \$65	<input type="checkbox"/> Magnesium (partA) \$45	<input type="checkbox"/> Experimental or research test (see back for list)
<input type="checkbox"/> General Health panel \$215	<input type="checkbox"/> Occult blood \$40	
	<input type="checkbox"/> Protine (PT) \$30	

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 checked items in the table shown 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.

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

OPTION 1. I want the lab test/s 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 lab test/s 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 lab test/s listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

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.

Signature: _____ **Date:** _____

According to the Paperwork Reduction Act of 1995, no persons are 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, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850. Form CMS-R-131 (03/2011)B Form Approved OMB No. 0938-0566

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