

Introduction to Medicare's Advance Beneficiary Notice (ABN)



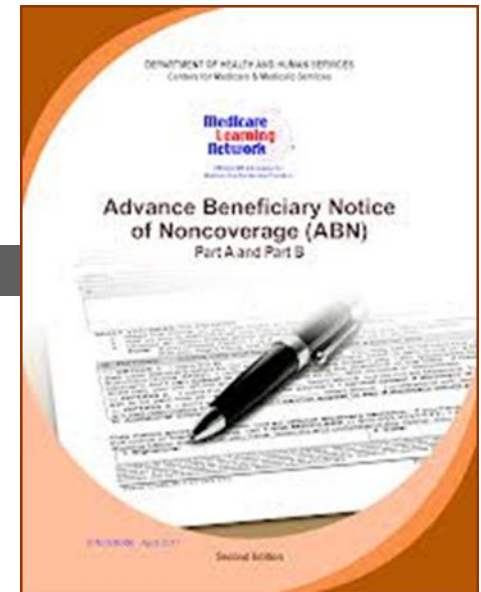
Beaumont[®] | **HEALTH
SYSTEM**

Beaumont Laboratory
Royal Oak • Troy • Grosse Pointe

Created: April, 2013
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Introduction

- The purpose of this educational module is to provide a general background about Medicare's **Advance Beneficiary Notice of Noncoverage (ABN)**.
- This module is recommended for Registration, Phlebotomy, and Processing staff involved in the Beaumont Laboratory ABN Process.



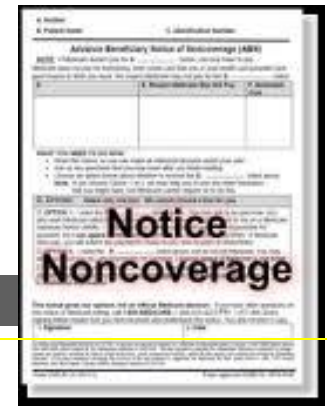
Beaumont Laboratory Policy

- It is the policy of Beaumont Laboratory to determine whether services requested are a covered benefit by Medicare.
- When services are determined to be **non-covered** (e.g., screening procedures or not medically necessary), a notice of non-coverage (ABN) will be provided to **all Medicare patients** in accordance with the following Laboratory Compliance Policies:
 - **Determination of Service Coverage - LC.101**
 - **Physician Orders/Diagnosis - LC.202**

ABN Requirements

- Use an approved standard form
 - **CMS-R-131** (updated 03/2011)
 - **Limited modification by laboratory is allowed** (e.g., logo, pricing, patient ID reference, etc.)
 - **Beaumont Laboratory ABN form (WBH 809)**
- Must be **clearly written** in terms the patient (beneficiary) or authorized representative can understand
- Must be delivered **in person** to the patient by a qualified notifier (e.g., lab) **before** the item/service (e.g., lab draw) is furnished

ABN Definition and Purpose



- Written notice of **noncoverage**
 - Informs the patient (beneficiary) that Medicare **may not pay** for an item/service (e.g., lab testing)
 - Informs patient they are **personally and fully responsible** for the payment if Medicare does not reimburse the provider (laboratory).
- Allows the patient to make an **informed decision** whether to sign the ABN and receive the service as ordered
- Must be **issued, completed, signed and dated** before the item/service is provided

Additional Definitions

ICD-9-CM CODING

- All services reported to the Medicare Program by a physician or non-physician practitioner must demonstrate medical necessity through use of current **International Classification of Diseases, Clinical Modification (ICD-9-CM)** diagnostic coding reported to the highest level of specificity for the date of service.
- Every test order must be accompanied with a **valid ICD-9 code** or **narrative** (i.e., diagnosis, signs, symptoms or clinical complaint).


Additional Definitions

LIMITED COVERAGE

- Coverage of certain tests is limited by the diagnosis (medical necessity) as defined by Medicare regulations.
- Limited coverage may be the result of **NCDs** or **LCDs**.
- The **Beaumont Laboratory ABN Manual** will provide guidance as to when or when not to issue an ABN.



What is a NCD and LCD?

- **National Coverage Determinations (NCDs)**
 - 23 laboratory tests identified by CMS.
- **Local Coverage Determinations (LCDs)**
 - additional tests that vary by the medical needs in a U.S. region.
- All NCD and LCD tests are printed on the **manual ABN**. 
 - ✓ Only applicable non-covered tests are printed on ABN forms generated from various information systems.

Beaumont* | HEALTH SYSTEM
Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151
Patient Name (as listed on Medicare card):

ADVANCE BENEFICIARY NOTICE
NOTE: If Medicare doesn't pay for Laboratory Tests below Medicare does not pay for everything, even some care that you need. We expect Medicare may not pay for the Laboratory Tests.

Laboratory Tests:		
1. Allergy Testing \$14-\$81*	12. Drug Screening, each drug class \$51-\$149*	23. HIV- Prognosis \$155
2. AFP \$82	13. Fecal Occult Blood \$17	24. Iron Studies \$37-\$67*
3. Blood Counts \$16- \$45*	14. Flow Cytometry \$227-\$1100*	25. Lipid testing \$8-\$205*
4. CA 125 \$102	15. Glucose \$8	26. PAP \$55
5. CA 15-3 & CA 27.29 \$81	16. GGT \$13	27. PSA \$60
6. CA 19-9 \$81	17. HCG \$37	28. PT \$26
7. CEA \$79	18. Heavy Metal \$100-\$1500	29. PTT \$40
8. Circulating Tumor Cell Marker Assays \$100-\$1500	19. Helicobacter Pylori \$65-\$73	30. Thyroid Testing \$43-\$134*
9. Collagen Crosslinks \$84	20. HEP Panel \$237	31. Urine Culture \$47
10. Cytogenetic Studies \$100-\$1500	21. HgBA1C \$56	32. Vit D \$53-\$69
11. Digoxin \$65	22. HIV- Diagnostic \$65-\$280*	33. _____

Reasons Medicare May Not Pay

- A. Medicare does not pay for condition.
- B. Medicare does not pay for the tests as often as ordered.
- C. Medicare does not pay for experimental or research tests.
- D. Medicare never pays for this service or item.
- E. No medical diagnosis has been provided, physician order handled as screening.





Beaumont Laboratory ABN Documents

Manual ABN Form

- Form WBH 809 (CMS-R-131)
- Printed forms for manual (downtime) ABN process can be ordered from the Outreach Storeroom

Beaumont* HEALTH SYSTEM			PID:	
Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151				
Patient Name (as listed on Medicare card):				
ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)				
<p>NOTE: If Medicare doesn't pay for <u>Laboratory Tests</u> below, you may have to pay.</p> <p>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 <u>Laboratory Tests</u> below.</p>				
Laboratory Tests:			Reason Medicare May Not Pay:	Estimated Cost:
1. Allergy Testing \$14-\$81*	12. Drug Screening, each drug class \$51-\$149*	23. HIV- Prognosis \$155	A. Medicare does not pay for your condition.	Test Reason <input type="checkbox"/> <input type="checkbox"/>
2. AFP \$82	13. Fecal Occult Blood \$17	24. Iron Studies \$37-\$67*	B. Medicare does not pay for these lab tests as often as ordered for you (frequency).	<input type="checkbox"/> <input type="checkbox"/>
3. Blood Counts \$16- \$45*	14. Flow Cytometry \$227-\$1100*	25. Lipid testing \$8-\$205*	C. Medicare does not pay for experimental or research tests.	<input type="checkbox"/> <input type="checkbox"/>
4. CA 125 \$102	15. Glucose \$8	26. PAP \$55	D. Medicare never pays for this service or item.	<input type="checkbox"/> <input type="checkbox"/>
5. CA 15-3 & CA 27.29 \$81	16. GGT \$13	27. PSA \$60	E. No medical diagnosis provided, physician order handled as screening.	<input type="checkbox"/> <input type="checkbox"/>
6. CA 19-9 \$81	17. HCG \$37	28. PT \$26	F. _____	<input type="checkbox"/> <input type="checkbox"/>
7. CEA \$79	18. Heavy Metal \$100-\$1500	29. PTT \$40		<input type="checkbox"/> <input type="checkbox"/>
8. Circulating Tumor Cell Marker Assays \$100-\$1500	19. Helicobacter Pylori \$65-\$73	30. Thyroid Testing \$43-\$134*		<input type="checkbox"/> <input type="checkbox"/>
9. Collagen Crosslinks \$84	20. HEP Panel \$237	31. Urine Culture \$47		<input type="checkbox"/> <input type="checkbox"/>
10. Cytogenetic Studies \$100-\$1500	21. HgBA1C \$56	32. Vt D \$53-\$69		<input type="checkbox"/> <input type="checkbox"/>
11. Digoxin \$65	22. HIV- Diagnostic \$65-\$280*	33. _____		<input type="checkbox"/> <input type="checkbox"/>
			*Cost estimate may vary due to the possibility of reflex and/or additional testing.	
<p>What you need to do now:</p> <ul style="list-style-type: none"> • 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 <u>Lab Test(s)</u> noted above. <p>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.</p>				
<p>Options: Check only one box. We cannot choose a box for you.</p> <p><input type="checkbox"/> OPTION 1. I want the <u>Lab Test(s)</u> 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.</p> <p><input type="checkbox"/> OPTION 2. I want the <u>Lab Test(s)</u> 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.</p> <p><input type="checkbox"/> OPTION 3. I don't want the <u>Lab Test(s)</u> listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.</p>				
<p>Additional Information:</p> <p>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).</p> <p>Signing below means that you have received and understand this notice. You also receive a copy.</p>				
Signature:			Date:	
<small>According to the Patient Privacy Act of 1986, no person is required to provide a selection of information unless it contains a valid OHID control number. The valid OHID control number for this information document is 2025-2026. The time required to complete the information document is estimated to be approximately 7 minutes per response, including the time to review instructions, select what you wish to disclose, enter the data, and sign the document.</small>				

Laboratory ABN from an IT System

A. Notifier: Deaconess Laboratory 3651 W. Thirteenth Mile Rd Royal Oak MI 48073 (800) 551-0480 (248) 5
B. Patient Name: ABNTSTING B **C. Identification Number:** 4003304

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D. laboratory tests** 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. laboratory tests** below.

D. Laboratory tests:	E. Reason Medicare May Not Pay:	F. Estimated Cost
Glucose	Medicare does not pay for these tests for your condition	8.00

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. laboratory tests** 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. laboratory tests** 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. laboratory tests** 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. laboratory tests** 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:

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 (03/11)

Form Approved OMB No. 0938-0566

PRINTED: 02/26/2013 09:26

Beaumont Laboratory ABN Manual

- Located on-line in *Laboratory Services* > [Phlebotomy](#) under Resources

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(Procedures for all Phlebotomists)

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Beaumont Laboratory - Training

Go!

Beaumont Laboratory Phlebotomy Sites

- [Beaumont Laboratory Patient Service Centers' Hours & Locations \(Includes Holiday Hours\)](#)

Resources

- [ABN Manual - March 2013](#)
- [Specimen Collection Manual](#)
- [How to Prepare a Patient Safety Quality Improvement \(PSQI\) Report](#)

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NCD NATIONAL COVERAGE DETERMINATIONS

LCD LOCAL COVERAGE DETERMINATIONS

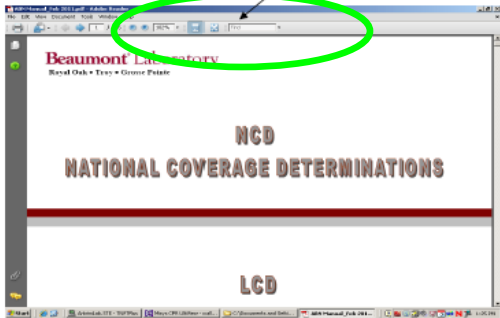
**Advance Beneficiary Notice (ABN) Manual
Medicare/Medicaid Patients**

ABN Manual – Key Sections:

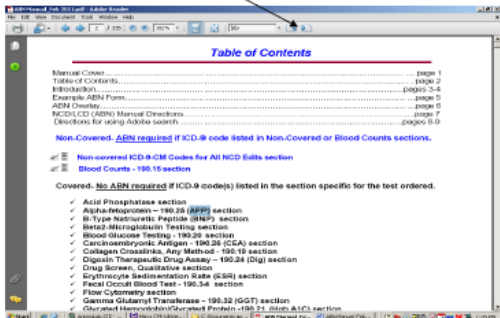
- Search & Find Instructions for Adobe Reader

Search & Find
Electronic Adobe Reader Instructions

- Using the mouse or key board, place the cursor in the “Find” menu bar, type in the name of the test or acronym and then press enter (e.g., Alpha-fetoprotein or AFP). The search feature should take you first to the Table of Contents. This will confirm ABN check is necessary using this Manual.



- Continue to press the “next” button until the first page of the test section you are searching for appears.



Basic Search Tips:

Using the mouse or key board, place the cursor in the “Find” menu bar and type in the name of either the:

- test
- test acronym
- diagnosis code or
- diagnosis narrative

and then press <Enter>.

The search feature should take you first to the Table of Contents.

NOTES:

1. You may have to press <Enter> more than once to find an exact match.
2. Continue to press the “Next” button until the test section you are searching for appears.

ABN Manual – Key Sections:

- **Table of Contents**


- This contains the current NCD and LCD test list

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Non-Covered- ABN required if ICD-9 code listed in Non-Covered or Blood Counts sections.

 Non-covered ICD-9-CM Codes for All NCD Edits section

 Non-covered ICD-9-CM Codes Pre-operative Services-Non-Covered – L32779

 Blood Counts - 190.15 section

* Changes - Red

Covered- No ABN required if ICD-9 code(s) listed in the section specific for the test ordered.

- ✓ Allergy Testing L30471 section
- ✓ Alpha-fetoprotein – 190.25 (AFP) section
- ✓ Blood Glucose Testing - 190.20 section
- ✓ Carcinoembryonic Antigen - 190.26 (CEA) section
- ✓ Circulating Tumor Cell Marker Assays (L32218)
- ✓ Collagen Crosslinks, Any Method - 190.19 section
- ✓ Cytogenetic Studies L30487 section
- ✓ Digoxin Therapeutic Drug Assay – 190.24 (Dig) section
- ✓ Drug Testing Qualitative L32450 -section
- ✓ Fecal Occult Blood Test - 190.34 section
- ✓ Flow Cytometry L30161 section
- ✓ Gamma Glutamyl Transferase - 190.32 (GGT) section
- ✓ Glycated Hemoglobin/Glycated Protein -190.21 (Hgb A1C) section
- ✓ Heavy Metal Testing L31067 section
- ✓ Helicobacter Pylori Testing L30163 section
- ✓ Hepatitis Panel/Acute Hepatitis Panel -190.33 section
- ✓ Human Chorionic Gonadotropin - (HCG)190.27 section
- ✓ Human Immunodeficiency Virus (HIV) Testing (Diagnosis) - 190.14 section
- ✓ HIV Testing (Prognosis Including Monitoring) - 190.13 section
- ✓ Lipid Testing - 190.23 section
- ✓ Pap Tests Diagnostic L31080 section
- ✓ Partial Thromboplastin Time (PTT) - 190.16 section
- ✓ Prothrombin Time (PT) - 190.17 section
- ✓ Prostate Specific Antigen - 190.31 (PSA) section
- ✓ Serum Iron Studies - 190.18 (FE) section
- ✓ Thyroid Testing - 190.22 section
- ✓ Tumor Antigen by Immunoassay CA 125 - 190.28 section
- ✓ Tumor Antigen by Immunoassay CA 15-3/CA 27.29 - 190.29 section
- ✓ Tumor Antigen by Immunoassay CA 19-9 - 190.30 section
- ✓ Urine Culture, Bacterial - 190.12 (UC) section
- ✓ Vitamin D (Vit D) section L31076 section

ABN Manual – Key Sections:

- Non-covered ICD-9-CM Codes for All NCD Edits

Non-covered ICD-9-CM Codes for All NCD Edits

This section lists codes that are never covered. If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception. The beneficiary, however, does have a right to have the claim submitted to Medicare, upon request.

Code	Description
798.0 - 798.9	Sudden death, cause unknown
V15.85	Personal history of contact with and (suspected) exposure to potentially hazardous body fluids
V16.1	Family history of malignant neoplasm, trachea, bronchus, and lung
V16.2	Family history of malignant neoplasm, other respiratory and intrathoracic organs
V16.40	Family history of malignant neoplasm, genital organs
V16.50	Family history of malignant neoplasm, urinary organs
V16.51	Family history of malignant neoplasm, kidney
V16.52	Family history of malignant neoplasm, bladder
V16.59	Family history of malignant neoplasm, other
V16.6	Family history of malignant neoplasm, leukemia
V16.7	Family history of malignant neoplasm, other lymphatic and hematopoietic neoplasms
V16.8	Family history of malignant neoplasm, other specified malignant neoplasm
V16.9	Family history of malignant neoplasm, unspecified malignant neoplasm
V17.0-17.3	Family history of certain chronic disabling diseases
V17.41	Family history of sudden cardiac death (SCD)
V17.49	Family history of other cardiovascular diseases
V17.5 - V17.89	Family history of asthma, other chronic respiratory conditions arthritis, other musculoskeletal diseases
V18.0	Family history of diabetes mellitus
V18.11	Family history of multiple endocrine neoplasia (MEN) syndrome
V18.19	Family history of other endocrine and metabolic diseases
V18.2-V18.4, V18.51, V18.59, V18.61, V18.69, V18.7-V18.9	Family history of anemia, other blood disorders, mental retardation; colonic polyps; other digestive disorders; polycystic kidney, other kidney diseases; other genitourinary diseases; infectious and parasitic diseases; genetic disease carrier
V19.0 - V19.8	Family history of other conditions
V20.0 - V20.2	Health supervision of infant or child
V20.31	Health supervision for newborn under 8 days old
V20.32	Health supervision for newborn 8 to 28 days old
V28.0 - V28.9	Encounter for antenatal screening of mother
V50.0 - V50.9	Elective surgery for purposes other than remedying health states
V53.2	Hearing aid
V60.0-V60.6	Lack of housing; inadequate housing; lack of material resources; person living alone; no other household person able to render care; holiday relief care; and person living in residential institution
V60.81	Foster care (status)
V60.89	Other specified housing or economic circumstances
V60.9	Unspecified housing or economic circumstances
V62.0	Unemployment

- This list contains the ICD-9 diagnosis codes that are **NEVER covered** for any of the NCD tests
- An ABN is required whenever the provided diagnosis code(s) or narrative for any ordered NCD or LCD test appears on this list

ABN Manual – Key Sections:

• Covered NCD/LCD Tests Sections

- Each NCD/LCD Test has a section that lists the ICD-9 diagnosis that are **considered medically necessary**
- **NO ABN is required when listed here**

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Non-Covered- ABN required if ICD-9 code listed in Non-Covered or Blood Counts sections.	
✖ Non-covered ICD-9-CM Codes for All NCD Edits section	
✖ Non-covered ICD-9-CM Codes Pre-operative Services-Non-Covered – L32779	
✖ Blood Counts - 190.15 section	
* Changes - Red	
Covered- ABN required if ICD-9 code(s) listed in the section specific for the test ordered.	
✓ Allergy Testing L30471 section	
✓ Alpha-fetoprotein – 190.25 (AFP) section	
✓ Blood Glucose Testing - 190.20 section	
✓ Carcinoembryonic Antigen - 190.26 (CEA) section	
✓ Circulating Tumor Cell Marker Assays (L32218)	
✓ Collagen Crosslinks, Any Method - 190.19 section	
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✓ Drug Testing Qualitative L32450 - section	
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✓ Helicobacter Pylori Testing L30163 section	
✓ Hepatitis Panel/Acute Hepatitis Panel -190.33 section	
✓ Human Chorionic Gonadotropin - (HCG)190.27 section	
✓ Human Immunodeficiency Virus (HIV) Testing (Diagnosis) - 190.14 section	
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✓ Lipid Testing - 190.23 section	
✓ Pap Tests Diagnostic L31080 section	
✓ Partial Thromboplastin Time (PTT) - 190.16 section	
✓ Prothrombin Time (PT) - 190.17 section	
✓ Prostate Specific Antigen - 190.31 (PSA) section	
✓ Serum Iron Studies - 190.18 (FE) section	
✓ Thyroid Testing - 190.22 section	
✓ Tumor Antigen by Immunoassay CA 125 - 190.28 section	
✓ Tumor Antigen by Immunoassay CA 15-3/CA 27.29 - 190.29 section	
✓ Tumor Antigen by Immunoassay CA 19-9 - 190.30 section	
✓ Urine Culture, Bacterial - 190.12 (UC) section	
✓ Vitamin D (Vit D) section L31076 section	



Alpha-fetoprotein - 190.25	
Names/Abbreviations AFP	
Description Alpha-fetoprotein (AFP) is a polysaccharide found in some carcinomas. It is effective as a biochemical marker for monitoring the response of certain malignancies to therapy.	
(Alphanumeric, CPT to AMA) HCPCS Codes 82105 Alpha-fetoprotein; serum	
ICD-9-CM Codes Covered by Medicare Program	
Code	Description
070.22-070.23	Chronic viral hepatitis B with hepatic coma, with or without mention of hepatitis delta
070.32-070.33	Chronic viral hepatitis B without mention of hepatic coma, with or without mention of hepatitis delta
070.44	Chronic hepatitis C with hepatic coma
070.54	Chronic hepatitis C without mention of hepatic coma
095.3	Syphilis of liver
121.1	Clonorchiasis
121.3	Fascioliasis
155.0-155.2	Malignant neoplasm of the liver and intrahepatic bile ducts
164.2-164.9	Malignant neoplasm of the mediastinum
183.0	Malignant neoplasm, ovary
186.0	Malignant neoplasm of undescended testis
186.9	Malignant neoplasm, other and unspecified testis
197.1	Secondary malignant neoplasm of mediastinum
197.7	Secondary malignant neoplasm of liver
198.6	Secondary malignant neoplasm of ovary
198.82	Secondary malignant neoplasm, genital organs
209.20-209.27, 209.29	Malignant carcinoid tumors of other and unspecified sites
209.70	Secondary neuroendocrine tumor, unspecified site
209.71	Secondary neuroendocrine tumor of distant lymph nodes
209.72	Secondary neuroendocrine tumor of liver
209.73	Secondary neuroendocrine tumor of bone
209.74	Secondary neuroendocrine tumor of peritoneum
209.75	Secondary Merkel cell carcinoma
209.79	Secondary neuroendocrine tumor of other sites
211.5	Benign neoplasm of liver and biliary passages
235.3	Neoplasm of uncertain behavior of liver and biliary passages
272.2	Mixed hyperlipidemia
273.4	Alpha-1-antitrypsin deficiency
275.01	Hereditary hemochromatosis
275.02	Hemochromatosis due to repeated red blood cell transfusions
275.03	Other hemochromatosis
275.09	Other disorders of iron metabolism

ABN Manual – Key Sections:

- **WARNING:**
Blood Counts: NON-Covered
 - Unlike the other NCD/LCD test sections, the section for Blood Counts contains diagnosis codes that are **NOT covered**
 - *This is because the list for covered diagnosis codes for Blood Counts is too enormous to print*
 - An ABN is required whenever a CBC is ordered and the diagnosis code(s) or narrative appear on this list

Non-covered ICD-9-CM Codes for Blood Counts - 190.15	
Names/Abbreviation/CBC	
Description	
Blood counts-The complete blood count (CBC) includes a hemogram and differential white blood count (WBC). The hemogram includes enumeration of red blood cells, white blood cells, and platelets, as well as the determination of hemoglobin, hematocrit, and indices.	
(Alphanumeric, CPT® AMA) HCPCS Codes	
85004 Blood count, automated differential white blood cell (WBC) count	
85007 Blood count; blood smear, microscopic examination with manual differential WBC count	
85008 Blood count; blood smear, microscopic examination without manual differential WBC count	
85013 Blood count, spun microhematocrit	
85014 Blood count, hematocrit (Hct)	
85018 Blood count, Hemoglobin	
85025 Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	
85027 Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	
85032 Blood count; manual cell count (erythrocyte, leukocyte, platelet) each	
85048 Blood count, leukocyte (WBC), automated	
ICD-9-CM codes listed below DO NOT support medical necessity: ABN must be given to patient.	
Code	Description
078.10 – 078.19	Viral warts
210.0-210.9	Benign neoplasm of lip, oral cavity, and pharynx
214.0	Lipoma, skin and subcutaneous tissue of face
216.0-216.9	Benign neoplasm of skin
217	Benign neoplasm of breast
222.0-222.9	Benign neoplasm of male genital organs
224.0	Benign neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid
230.0	Carcinoma in situ of lip, oral cavity and pharynx
232.0-232.9	Carcinoma in situ of skin
300.00-300.09	Neurotic disorders
301.0-301.9	Personality disorders
302.0-302.9	Sexual and gender identity disorders
307.0	Stuttering
307.20-307.23	Tics
307.3	Stereotypic movement disorder
307.80-307.89	Pain disorders related to psychological factors
312.00-312.9	Disturbance of conduct, not elsewhere classified
313.0-313.9	Disturbance of emotions specific to childhood and adolescence
314.00-314.9	Hyperkinetic syndrome of childhood
338.0	Central pain syndrome
338.11	Acute pain due to trauma
338.12	Acute post-thoracotomy pain
338.18	Other acute postoperative pain
338.19	Other acute pain
338.21	Chronic pain due to trauma
338.22	Chronic post-thoracotomy pain
338.28	Other chronic postoperative pain
338.29	Other chronic pain

Valid ABN Example:

Staff must confirm all five required sections of the ABN have been completed to ensure the ABN is valid.

1. **Patient Name (as listed on Medicare card)**
2. **Patient ID (Beaumont MRN or last 4 SS#'s)**
3. **Non-covered Test Number, Reason and Price**
4. **Patient has selected ONE option**
5. **Patient has signed AND dated form**

Beaumont | HEALTH SYSTEM
Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151
Patient Name (as listed on Medicare card): **MICKEY MOUSE** PID: **2468**

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for Laboratory Tests 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 Laboratory Tests below.

Laboratory Tests:			Reason Medicare May Not Pay:	Estimated Cost:
				Test Reason
1. Allergy Testing \$14-\$81*	12. Drug Screening, each drug class \$51-\$149*	23. HIV- Prognosis \$155	A. Medicare does not pay for your condition.	27 B \$60
2. AFP \$82	13. Fecal Occult Blood \$17	24. Iron Studies \$37-\$67*	B. Medicare does not pay for these lab tests as often as ordered for you (frequency).	
3. Blood Counts \$16- \$45*	14. Flow Cytometry \$227-\$1100*	25. Lipid testing \$8-\$205*	C. Medicare does not pay for experimental or research tests.	
4. CA 125 \$102	15. Glucose \$8	26. PAP \$55	D. Medicare never pays for this service or item.	
5. CA 15-3 & CA 27.29 \$81	16. GGT \$13	27. PSA \$80	E. No medical diagnosis provided, physician order handled as screening.	
6. CA 19-9 \$81	17. HCG \$37	28. PT \$26	F. _____	
7. CEA \$79	18. Heavy Metal \$100-\$1500	29. PTT \$40		
8. Circulating Tumor Cell Marker Assays \$100-\$1500	19. Helicobacter Pylori \$65-\$73	30. Thyroid Testing \$43-\$134*		
9. Collagen Crosslinks \$84	20. HEP Panel \$237	31. Urine Culture \$47		
10. Cytogenetic Studies \$100-\$1500	21. HgBA1C \$56	32. Vit D \$53-\$69		
11. Digoxin \$65	22. HIV- Diagnostic \$65-\$280*	33. _____		

*Cost estimate may vary due to the possibility of reflex and/or additional testing.

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 Lab Test(s) noted 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 (1-800-633-4869).

Signing below means that you have received and un-
Signature: Mickey Mouse  Date: 3-22-13

According to the Privacy Rule under the Act of 1996, you have the right to request to see a call to 800-633-4869. The time required to complete this information collection is estimated to average 7 minutes. If you have any questions about this information collection, or if you have any comments about this information collection, please contact the Office of Management and Enterprise Services, U.S. Social Security Administration, 633 P St., NW, Washington, DC 20534. Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

Issuing the ABN

- ABN must be presented to the patient (beneficiary):
 - ✓ **directly** (“Face-to-Face”)
 - ✓ by a **qualified notifier** (e.g., lab personnel), and
 - ✓ **before** the item/service is provided
- When form is completed manually (handwritten), Lab Staff must **legibly** complete:
 - ✓ **Name and ID section**
 - ✓ **Estimated Cost section: Test / Reason / Cost**
- Patient or authorized representative to:
 - ✓ **Select ONE Option – 1, 2, or 3**
 - ✓ **Sign and date**
- The original signed ABN must be sent with the specimens and associated paperwork to the lab; a copy must be given to the patient.

Additional educational modules

Thank you for viewing this Introductory module.

Based on your job role, one or more of the following modules are also recommended.

- **Manual (Downtime) ABN Process**
- **Information Technology Supported ABN Process** (PSC/IOP Phlebotomy)
- **Non Face-to-Face ABN Handling** (Lab Processing)