

# Manual (Downtime) Process for Medicare's Advance Beneficiary Notice (ABN)



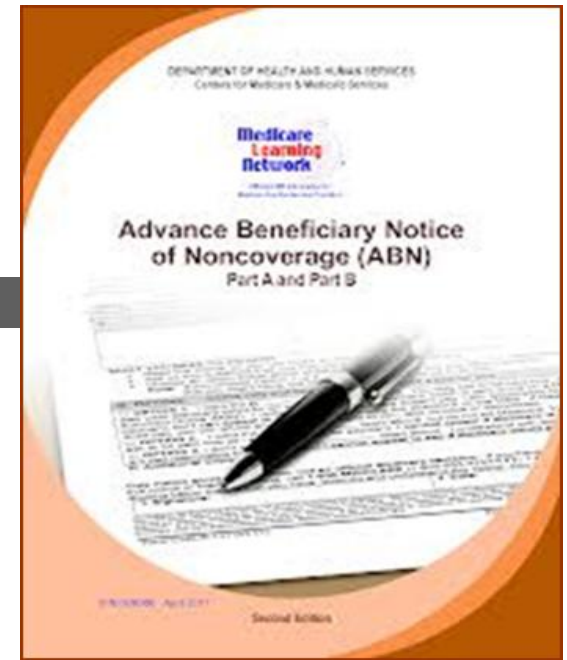
**Beaumont<sup>®</sup>** | **HEALTH  
SYSTEM**

**Beaumont Laboratory**  
Royal Oak • Troy • Grosse Pointe

Created: April, 2013  
Pam Mayer, Laboratory Compliance  
Nancy Ramirez, Laboratory Education

# Introduction

- The purpose of this module is to educate phlebotomy and support staff on the Beaumont Laboratory **manual (downtime) ABN process** utilized at various Patient Service Center (PSC) and In-Office Phlebotomy (IOP) locations.
- Pre-requisite: Completion of the **Introduction to Medicare's Advance Beneficiary Notice of Noncoverage (ABN)** education module posted in MTS.



# **Manual (Downtime) ABN Procedure**

Each step of the manual (downtime) ABN procedure will be illustrated in the following slides along with an example case for demonstration.

# Example Test Order for Demo:

## Activity:

Use this example script to answer the practice questions associated with each step of the manual (downtime) ABN process to determine if an ABN is needed.

Disney Internal Medicine  
One Main Street  
Orlando, FL

Office Hours:  
By Appointment Only

NAME Mickey Mouse AGE 3/22/13  
ADDRESS \_\_\_\_\_ DOB 11/18/28

**R<sub>x</sub>**

**Screening PSA - 6 month repeat  
CBC**

**Dx: 531.00**

REPEAT \_\_\_\_\_ P.S.M.  
REPEAT \_\_\_\_\_ INCLUSIVE  
REPEAT \_\_\_\_\_ TIMES

Daffy Duck, MD 3/22/13

# PSC/IOP Procedure (Manual / Downtime)

1. Review physician order prior to specimen collection for:
  - Test(s) ordered
  - Diagnosis (ICD-9) code(s)
    - ✓ Remember: All tests orders require a diagnosis code to bill Medicare.

## Demo Test Order Questions:



- ✓ Did the doctor identify tests to be performed?
- ✓ Did the doctor provide a diagnosis code (or narrative reason for testing)?
- ✓ Was the order signed and dated by the doctor?

*Click the Backspace or Page Up key to view the test order again, if needed.*

# ABN Step 1 – Demo Answers

- ✓ Did the doctor identify tests to be performed?
  - ✓ Yes, a screening PSA and CBC were ordered
- ✓ Did the doctor provide a diagnosis code(s) or narrative reason(s) for testing?
  - ✓ Yes, ICD-9 diagnosis code 531.0 was provided
- ✓ Was the order signed and dated by the doctor?
  - ✓ Yes, test order was signed and dated by Dr. Daffy Duck



# PSC/IOP Procedure (Manual / Downtime)

2. Check if any test ordered matches one or more tests listed on the Laboratory ABN form or in the ABN Manual Table of Contents.
  - ☐ **MATCH:** **ABN may be needed, continue to Step 3.**
    - This indicates Medicare (NCD) and/or Region (LCD) policy for limited coverage based on medical necessity may apply.
  - ☐ **NO MATCH:** **No ABN needed.** Collect the specimen(s) and submit to Beaumont Laboratory in usual manner.

## Demo Test Order Questions:

- ✓ Was any ordered test listed on the ABN form or in the ABN Manual Table of Contents? (See next slide for example test lists.)
- ✓ Based on the order, do we have a “MATCH” (ABN may be needed) or “NO MATCH” (no ABN needed)?

# Step 2 = Match ABN may be needed.....

Note: Both CBC (Blood Counts) and PSA are listed

Beaumont<sup>®</sup> HEALTH SYSTEM

Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151

Patient Name (as listed on Medicare card):

PID:

## 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:
1. Allergy Testing \$14-\$81*	A. Medicare does not pay for your condition.	Test Reason
2. AFP \$82	B. Medicare does not pay for these lab tests as often as ordered for you (frequency).	
3. Blood Counts \$16-\$45*	C. Medicare does not pay for experimental or research tests.	
4. CA 125 \$102	D. Medicare never pays for this service or item.	
5. CA 15-3 & CA 27.29 \$81	E. No medical diagnosis provided, physician order handled as screening.	
6. CA 19-9 \$81	F.	
7. CEA \$79		
8. Circulating Tumor Cell Marker Assays \$100-\$1500		
9. Collagen Crosslinks \$84		
10. Cytogenetic Studies \$100-\$1500		
11. Digoxin \$65		
12. Drug Screening, each drug class \$51-\$149*		
13. Fecal Occult Blood \$17		
14. Flow Cytometry \$227-\$1100*		
15. Glucose \$8		
16. GGT \$13		
17. HCG \$37		
18. Heavy Metal \$100-\$1500		
19. Helicobacter Pylori \$65-\$73		
20. HEP Panel \$237		
21. HgbA1C \$56		
22. HIV- Diagnostic \$65-\$280*		
23. HIV- Prognosis \$155		
24. Iron Studies \$37-\$67*		
25. Lipid testing \$8-\$205*		
26. PAP \$50		
27. PSA \$60		
28. PT \$26		
29. PTT \$40		
30. Thyroid Testing \$43-\$134*		
31. Urine Culture \$47		
32. Vit D \$53-\$69		
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 (1-800-633-4227/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 Privacy Policy adopted in 2002, no person will be required to disclose information unless it is necessary to a Medicare benefit. The use of this notice is for the purpose of providing information to the patient about the Medicare benefit. The use of this notice is not for the purpose of providing information to the patient about the Medicare benefit. The use of this notice is not for the purpose of providing information to the patient about the Medicare benefit.

## Table of Contents

Manual Cover.....	page 1
Table of Contents.....	page 2
Introduction.....	pages 3-4
Example ABN Form.....	page 5
ABN Overlay.....	page 6
NCD/LCD (ABN) Manual Directions.....	page 7
Directions for using Adobe search.....	pages 8-9

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

\* Change

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 Step 2 – Demo Answers

- ✓ Was any ordered test(s) listed on the **ABN Form** or in the **ABN Manual Table of Contents**?
  - ✓ Yes, CBC (Blood Count) and PSA were found in both lists.
- ✓ Based on the order, do we have a “**MATCH**” (ABN may be needed) or “**NO MATCH**” (no ABN needed)?
  - ✓ Yes, we have a “**MATCH**” and an **ABN may be needed**. Continue to Step 3 on next slide.

# PSC/IOP Procedure (Manual / Downtime)

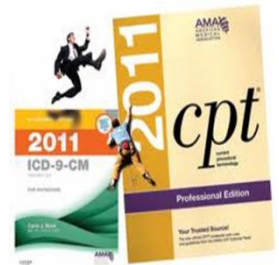
3. Review Medicare list of ***Non-covered ICD-9 Codes for All NCD Edits*** to determine the need for an Advanced Beneficiary Notice (ABN).

➤ Follow the Adobe **Search & Find** instructions on pages 8-9 of the electronic ABN Manual.

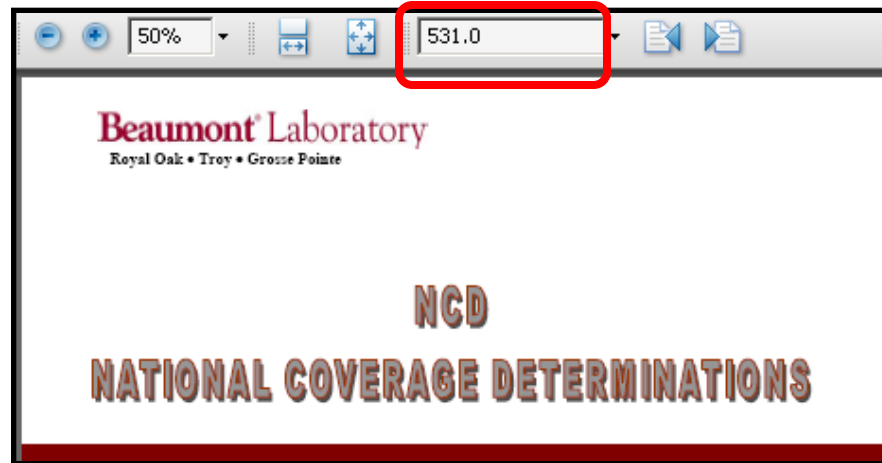
- ❑ **MATCH:** ICD-9 code(s) or diagnosis description on the test order is listed in the ***Non-Covered ICD-9 Codes for All NCD Edits*** section. **ABN required, continue to Step 6.**
- ❑ **NO MATCH:**
  - ❑ If CBC is one of the tests ordered, continue to step 4.
  - ❑ If no CBC is ordered, continue to step 5.

## Demo Test Order Questions:

- ✓ **Was the 531.0 diagnosis code listed in the Non-Covered ICD-9 Codes for All NCD Edits section?**
- ✓ **Based on the result of this search, do we have a MATCH or NO MATCH?**



# ABN Step 3 – Demo Answers



- ✓ Was the 531.0 diagnosis code listed in the *Non-Covered ICD-9 Codes for All NCD Edits* section?
  - ✓ After searching the ABN Manual, code 531.0 was **NOT** listed in the *Non-Covered ICD-9 Codes for All NCD Edits*.
- ✓ Based on the result of this search, do we have a **MATCH** or **NO MATCH**?
  - ✓ We have a **NO MATCH**.
  - ✓ But, since a CBC is also ordered, we need to continue to Step 4.

# PSC/IOP Procedure (Manual / Downtime)

4. When **CBC** test is ordered, review the Medicare carriers list of ***Non-covered ICD-9 Codes for Blood Counts*** to determine the need for an Advanced Beneficiary Notice (ABN).
  - ❑ **MATCH:** ICD-9 code(s) or diagnosis description on the CBC order is listed as a **non-covered code** in the Blood Count section. **ABN required, continue to Step 6.**
  - ❑ **NO MATCH (CBC only test ordered):** No ABN needed. Collect the specimen and submit to Beaumont Laboratory in usual manner.
  - ❑ **NO MATCH (CBC plus additional NCD/LCD tests ordered):** **ABN may still be needed, continue to step 5.**



*NOTE: CMS directs that only non-covered ICD-9 codes be used for ABN checks when a Blood Count is ordered rather than covered ICD-9 codes which are used to determine when an ABN is not necessary for other NCD and LCD tests. This is due to the fact that the list of covered codes for Blood Counts is too large and would make the manual too large to publish and utilize.*

# ABN Step 4 – Demo Questions

- ✓ Was the 531.0 diagnosis code listed in the ***Non-Covered ICD-9-CM Codes for Blood Counts*** test section?
- ✓ Based on the result of this search, do we have a **MATCH** or **NO MATCH**?

# ABN Step 4 – Demo Answers

- ✓ Was the 531.0 diagnosis code listed in the *Non-Covered ICD-9-CM Codes for Blood Counts* test section?
  - ✓ After searching the ABN Manual, code 531.0 was **NOT** listed in the *Non-Covered ICD-9-CM Codes for Blood Counts*.
- ✓ Based on the result of this search, do we have a **MATCH** or **NO MATCH**?
  - ✓ We still have a **NO MATCH**.
  - ✓ But, an additional NCD/LCD test – a **screening PSA** - is also ordered. **An ABN may still be needed.** Continue to Step 5.



## REMEMBER:

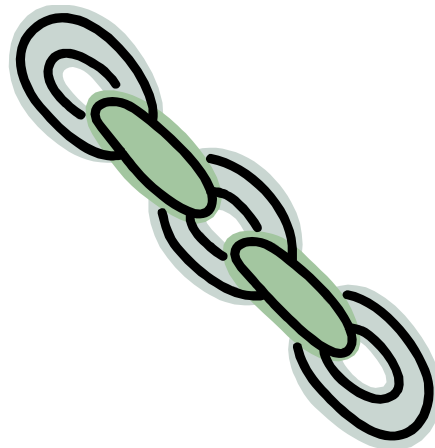
- **Blood Count test orders:** only **non-covered** (or **NOT** a medical necessity) ICD-9-CM codes are used to determine that an **ABN is required**, since covered codes are too numerous to publish.
- **Other NCD/LCD tests:** covered (or medically necessary) ICD-9-CM codes determine that **NO ABN** is required.

# PSC/IOP Procedure (Manual / Downtime)

5. For all other NCD/LCD tests, review Medicare carriers list of **covered ICD-9 codes in specific test sections** for each test ordered to determine need for an Advanced Beneficiary Notice (ABN)
  - ❑ **MATCH** - The diagnosis (code or narrative) falls under the coverable codes listed in the section specific for the test ordered. **No ABN needed.**
    - Collect the specimen(s) and send to Beaumont Laboratory in the usual manner (be sure to use the most specific diagnosis code available).
  - ❑ **NO MATCH** - The diagnosis (code or narrative) is not listed under the coverable codes in the section specific for the test ordered. **ABN required, continue to Step 6.**

# ABN Step 5 – Demo Questions

- ✓ Was the 531.0 diagnosis code or narrative listed in the **covered** ICD-9-CM codes under the **PSA test section**?
- ✓ Based on the result of this search, do we have a **MATCH** or **NO MATCH**?





# ABN Step 5 – Demo Answers

- ✓ Was the 531.0 diagnosis code or narrative listed in the **covered ICD-9-CM codes** in the **PSA test** section?
- ✓ Searching the ABN Manual, code 531.0 was **NOT** listed in the **covered ICD-9-CM codes** under the PSA test section.
- ✓ *In addition, only diagnosis code **V76.44** covers a screening PSA.*

793.7	Non-specific (abnormal) findings on radiological and other examination of musculoskeletal system
794.9	Bone scan evidence of malignancy
V10.46	Personal history of malignant neoplasm; prostate
ICD-9 code payable for screening PSA, HCPCS code G0103 V76.44 SCREENING FOR MALIGNANT NEOPLASMS OF THE PROSTATE	

- ✓ Based on the result of this search, do we have a **MATCH or NO MATCH?**
- ✓ We have a **NO MATCH** because the 531.0 diagnosis code does not cover a screening PSA. Thus an **ABN is needed.**
- ✓ Continue to Step 6.

✓ ***All items must be filled in as directed for the ABN to be considered valid for billing purposes.***

**Beaumont** | HEALTH SYSTEM

Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151

Patient Name as listed on Medicare card Note: Patient name as listed on the Medicare card. PID:                      Beaumont Form Reorder #                      Beaumont Patient ID or last four digits of the SSN                     

**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.	<input type="checkbox"/> <input type="checkbox"/>
2. AFP \$82		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*	13. Fecal Occult Blood \$17	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	14. Flow Cytometry \$227-\$1100*	26. PAP \$55		<input type="checkbox"/> <input type="checkbox"/>
5. CA 15-3 & CA 27.29 \$81	15. Glucose \$8	27. PSA \$60		<input type="checkbox"/> <input type="checkbox"/>
6. CA 19-9 \$81	16. GGT \$13	28. PT \$26		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>\$26.00</b>
7. CEA \$79	17. HCG \$37	29. PTT \$40	D. Medicare never pays for this service or item.	<input type="checkbox"/> <input type="checkbox"/>
8. Circulating Tumor Cell Marker Assays \$100-\$1500	18. Heavy Metal \$100-\$1500	30. Thyroid Testing \$43-\$134*	E. No medical diagnosis provided, physician order	<input type="checkbox"/> <input type="checkbox"/>
9. Cult.	19. Helicobacter Pylori \$65-\$72	31. Urine Culture \$47		<input type="checkbox"/> <input type="checkbox"/>

# PSC/IOP Procedure (Manual / Downtime)

7. Present the ABN to the patient for the patient to select Option 1, 2 or 3 AND then sign and date the ABN form.
  - Explain that some of the tests the physician has ordered may not be covered by Medicare for the diagnosis given and that the patient may be responsible for payment.

What you need to do now: ← **This is what the patient needs 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. **The patient MUST choose their option**

☐ **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:** ← **Patient's signature is required in this section.** **Date:** ← **Date ABN was signed**

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, 7502 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1822.

Form CMS-R-131 (03/11) Form Approved OMB No. 0938-0566

# PSC/IOP Procedure (Manual / Downtime)



Note: Make sure **ALL** sections of the ABN have been completed.

- ✓ **Patient Name (as listed on Medicare card)**
- ✓ **Patient ID (Beaumont MRN or last 4 SS#'s)**
- ✓ **Non-covered Test #, Reason and Price**
- ✓ **Patient has selected one option**
- ✓ **Patient has signed and dated form**

A sample Medicare Health Insurance card for Jane Doe. The card is white with a red header and a blue footer. The header contains the words "MEDICARE" and "HEALTH INSURANCE" separated by a circular logo. Below the header, the text "1-800-MEDICARE (1-800-633-4227)" is printed. The card lists the beneficiary's name as "JANE DOE", her Medicare claim number as "000-00-0000-A", and her sex as "FEMALE". It also shows the effective date for both Hospital (Part A) and Medical (Part B) coverage as "07-01-1986". A large, diagonal "SAMPLE" watermark is overlaid on the card. At the bottom, there is a line for the beneficiary to sign and a label "SIGN HERE".

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY <b>JANE DOE</b>	
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>
IS ENTITLED TO <b>HOSPITAL (PART A)</b>	EFFECTIVE DATE <b>07-01-1986</b>
<b>MEDICAL (PART B)</b>	<b>07-01-1986</b>
SIGN HERE _____	

8. After making a copy of the completed ABN and giving the copy to the patient, attach the original signed ABN to the Beaumont Laboratory request (order) paperwork.
9. Submit specimen(s) and all paperwork to Beaumont Laboratory for processing.



# Valid ABN: Demo Patient

All five required sections of the ABN have been completed correctly.

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.	<b>27 B \$60</b>
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 (1-800-633-4867) (TDD) or 1-800-204-8817 (voice). You also receive a copy.

Signing below means that you have received and understand this information.

Signature: Mickey Mouse 

Date: 3-22-13

According to the Privacy Rule of 1996, you have the right to request to see a copy of the information that we have about you. If you have any questions about this notice or the information collection, please contact our Privacy Officer at 1-800-633-4867 (TDD) or 1-800-204-8817 (voice). Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

# Review: 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 (specimen collection) is provided
- Lab staff must **legibly** complete:
  - ✓ **Name and ID sections**
  - ✓ **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.

# ABN Form with reminders that ensure validity

**Beaumont<sup>®</sup> HEALTH SYSTEM**  
 Beaumont Laboratory: Phone 800-551-0488 or Fax 248-551-1151

Based on test(s) ordered and medical necessity, a need for an ABN was identified...

Beaumont Form Reorder #

Beaumont Patient ID or last four digits of the SSN

Beaumont's Logo

Patient Name (as listed on Medicare card) Note: Patient name as listed on the Medicare card.

PID: (Beaumont Patient ID or last four digits of the SSN)

## 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:**

1. Allergy Testing \$14-\$61* 2. AFP \$82 3. Blood Counts \$16- \$45* 4. CA 125 \$102 5. CA 15-3 & CA 27.29 \$81 6. CA 19-9 \$81 7. CEA \$79 8. Circulating Tumor Cell Marker Assays \$100-\$1500 9. Collagen Crosslinks \$84 10. Cytogenetic Studies \$100-\$1500 11. Digoxin \$65	12. Drug Screening, each drug class \$51-\$149* 13. Fecal Occult Blood \$17 14. Flow Cytometry \$227-\$1100* 15. Glucose \$8 16. GGT \$13 17. HCG \$37 18. Heavy Metal \$100-\$1500 19. Helicobacter Pylori \$65-\$73 20. HEP Panel \$237 21. HgBA1C \$56 22. HIV- Diagnostic \$65-\$280*	23. HIV- Prognosis \$155 24. Iron Studies \$37-\$67* 25. Lipid testing \$8-\$205* 26. PAP \$55 27. PSA \$60 28. PT \$26 29. PTT \$40 30. Thyroid Testing \$43-\$134* 31. Urine Culture \$47 32. Vit D \$53-\$69 33. _____
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**Reason Medicare May Not Pay:**

**A.** Medicare does not pay for your condition.

**B.** Medicare does not pay for these lab tests as often as ordered for you (frequency).

**C.** Medicare does not pay for experimental or research tests.

**D.** Medicare never pays for this service or item.

**E.** No medical diagnosis provided, physician order handled as screening.

**F.** \_\_\_\_\_

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

**Estimated Cost:**

Test	Reason	Estimated Cost
28	A	\$26.00

**What you need to do now:** This is what the patient needs 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. The patient MUST choose their option

☐ **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: Patient's signature is required in this section.

Date: Date ABN was signed

According to the Paperwork Reduction Act of 1995, no person is 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, 7000 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1825.

Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566

# Possible Issues & Reminders





# If NO diagnosis is provided...

1. Attempt to obtain diagnosis from ordering physician prior to service being rendered.
  - Laboratory staff will document receipt of any diagnosis information obtained before or after specimen collection.
    - ✓ ***Record any diagnosis information provided on the requisition along with the name of the person you spoke with; then date and initial the entry.***
2. If the physician is not available, Beaumont Laboratory will consider the intent of the order to be for screening purposes and issue an ABN.
  - The patient can decide to have their blood drawn and testing done as screening but only if they sign only the “screening” ABN.
    - ✓ ***Indicate reason E on the ABN (“No medical diagnosis provided, physician order handled as screening”) and use V 72.6 – Laboratory Examination ICD-9***
  - Some patients may elect to delay having blood drawn until they talk with their doctor about missing diagnosis information on the order (script).

# If patient refuses to sign...



If the beneficiary refuses to choose an option and/or refuses to sign a properly delivered ABN - but still insists on having blood drawn and testing performed - the health care provider should:

1. Note the refusal to sign on the original copy of the ABN.
2. If a (co-worker) is available, he/she should serve as a witness of refusal to sign with a “refusal” note being added to the form and then dated/initialed by both lab staff.
3. If no co-worker available to witness, contact your supervisor after the draw and document the call on the “unsigned” ABN.

# If patient unable to sign...

If beneficiary is incapable or incompetent, the health care provide should ask:

1. Authorized representative
2. Individual under state law authorized to make health decisions: The spouse, unless legally separated
3. An adult child, parent, adult sibling
4. A close friend \*\*

\*\* An adult who has exhibited special care/concern for the patient, who is familiar with the patient's personal values, and who is reasonably available.



# Additional educational modules

Thank you for viewing this Manual (Downtime) ABN module.

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

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

# Manual (Downtime) ABN Practice

- ✓ Please complete the **Manual (Downtime) ABN Practice Activity** as assigned in MTS.
  - The activity will provide two patient scenarios to practice accessing the on-line **Beaumont ABN Manual** and determining whether to issue an ABN.

