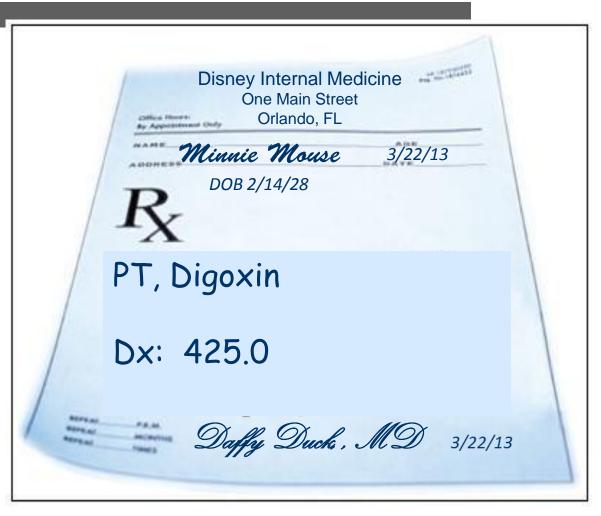
# Manual (Downtime) ABN Practice

- Access the on-line Beaumont Laboratory ABN
   Manual posted on the Phlebotomy webpage and leave open on your pc.
- 2. Print all four slides of this presentation instructions, two test orders and ABN Form.
- 3. Review each test order and determine whether to issue an ABN.
- Write your answers on the printouts and include a completed ABN form(s), if needed.
- 5. Turn in your completed practice scenarios to your supervisor (or instructor) and acknowledge completion of the activity in MTS.

## **ABN Practice Scenario #1**

### **Practice Questions:**

- Is the patient's name and DOB provided? Y / N
- Did the doctor sign and date order?Y / N
- 3. Circle the tests that are ordered.
- 4. Draw a box around the diagnosis code(s) or provided narrative.
- 5. Is an ABN needed? Y / N
- 6. If Yes to #5, complete an ABN asking a coworker to play the patient role.



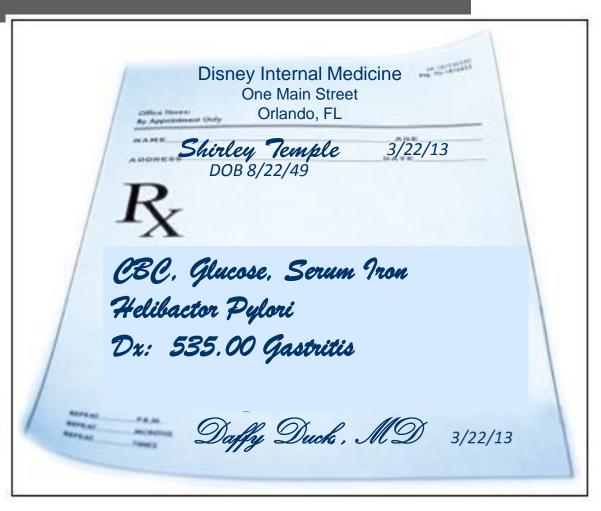
Patient's Last 4 SSN = 1234

Phlebotomist Name:	
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### **ABN Scenario # 2**

#### **Practice Questions:**

- Is the patient's name and DOB provided? Y / N
- Did the doctor sign and date order?Y / N
- 3. Circle the tests that are ordered.
- 4. Draw a box around the diagnosis code(s) or provided narrative.
- 5. Is an ABN needed? Y / N
- 6. If Yes to #5, complete an ABN asking a coworker to play the patient role.



Patient's Last 4 SSN = 5678

Priedotomist Name:			>	
<b>Beaumont</b> ®   HEALTH Beaumont Laboratory: Phone 800-551-0488 of	r Fay 248-551-1151		ID: (ABN)	
		ID: 90225		
	CIARY NOTIC	CE OF NONCOVERAGE	(ARN)	
NOTE: If Medicare doesn't pay for <u>Labo</u>			(ABII) «	
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 pag	y for the <i>Laborato</i>	<u>ry lests</u> delow.		
Laboratory Tests:		Reason Medicare May Not Pay:	Estimated Cost: Test Reason	
\$14-\$81* each drug class 2. AFP \$82 \$51-\$149* 2 3. Blood Counts \$16-\$45* \$17 2 4. CA 125 \$102 14. Flow Cytometry \$227-\$1100* 2	23. HIV- Prognosis \$155 24. Iron Studies \$37-\$67* 25. Lipid testing \$8-\$205* 26. PAP \$55	<ul><li>A. Medicare does not pay for your condition.</li><li>B. Medicare does not pay for these lab tests as often as ordered for you (frequency).</li><li>C. Medicare does not pay for experimental or research</li></ul>		
6. CA 19-9 \$81  7. CEA \$79  8. Circulating Tumor Cell Marker Assays \$100-\$1500  9. Collagen Crosslinks \$84  10. Cytogenetic 21. HgBA1C \$56 Studies \$100-\$1500  11. Digoxin \$65   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*	27. PSA \$60 28. PT \$26 29. PTT \$40 30. Thyroid Testing \$43-\$134* 31. Urine Culture \$47 32. Vit D \$53-\$69 33	tests.  D. Medicare never pays for this service or item.  E. No medical diagnosis provided, physician order handled as screening.  F		
<ul> <li>Read this notice, so you can make an informed decision about your care.</li> <li>Ask us any questions that you may have after you finish reading.</li> <li>Choose an option below about whether to receive the <u>Lab Test(s)</u> noted above.</li> <li>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.</li> </ul>				
Options: Check only one box. We cannot choose a box for you.				
<ul> <li>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.</li> <li>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.</li> <li>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.</li> </ul>				
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				

According to the Paperwork neduction Act of 1995, in persons are required to respond to a conceiled in information collection in minimated numbers it displays a valid Owns control number. The valid Owns control number of 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.