

# Manual (Downtime) ABN Practice

1. 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.
4. 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.

Phlebotomist Name: \_\_\_\_\_

# ABN Practice Scenario # 1

## Practice Questions:

1. Is the patient's name and DOB provided? Y / N
2. 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.

Disney Internal Medicine  
One Main Street  
Orlando, FL

Office Hours:  
By Appointment Only

NAME: *Minnie Mouse* DATE: *3/22/13*

ADDRESS: *DOB 2/14/28*

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

**PT, Digoxin**

**Dx: 425.0**

REPEAT: \_\_\_\_\_ P.M.  
REPEAT: \_\_\_\_\_ MIDDAY  
REPEAT: \_\_\_\_\_ TIMES

*Daffy Duck, MD* 3/22/13

**Patient's Last 4 SSN = 1234**

# ABN Scenario # 2

## Practice Questions:

1. Is the patient's name and DOB provided? Y / N
2. 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.

Disney Internal Medicine  
One Main Street  
Orlando, FL

Office Hours:  
By Appointment Only

NAME: *Shirley Temple* DATE: *3/22/13*  
ADDRESS: *DOB 8/22/49*

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

*CBC, Glucose, Serum Iron*  
*Helibactor Pylori*  
*Dx: 535.00 Gastritis*

REFILL: \_\_\_\_\_ F.S.M. \_\_\_\_\_  
REFILL: \_\_\_\_\_ REFILL: \_\_\_\_\_  
REFILL: \_\_\_\_\_ TIMES: \_\_\_\_\_

*Daffy Duck, MD* 3/22/13

**Patient's Last 4 SSN = 5678**

**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.

<b>Laboratory Tests:</b>			<b>Reason Medicare May Not Pay:</b>	<b>Estimated Cost:</b>	
				<b>Test</b>	<b>Reason</b>
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	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. Vit 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.	<input type="checkbox"/>	<input type="checkbox"/>

**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.
<input type="checkbox"/>	<b>OPTION 1.</b> 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 <b>I can appeal to Medicare</b> 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.
<input type="checkbox"/>	<b>OPTION 2.</b> 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. <b>I cannot appeal if Medicare is not billed.</b>
<input type="checkbox"/>	<b>OPTION 3.</b> I don't want the <u>Lab Test(s)</u> listed above. I understand with this choice I am not responsible for payment, and <b>I cannot appeal to see if Medicare would pay.</b>

**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.

<b>Signature:</b> _____	<b>Date:</b> _____
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