



Patient's Name: _____ Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the Laboratory Test(s) 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 Test(s) below.

Laboratory Test(s):	Reason Medicare May Not Pay:	Estimated Cost:

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 Laboratory Test(s) listed above.

Note: If you choose Option 1 or 2, we may help you use any other insurance that you may 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 Laboratory 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 Laboratory 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 do not want the Laboratory 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 any other questions on this notice or Medicare Billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means you have received and understand this notice. You also receive a copy.

Signature:	Date:
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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.

The following laboratory tests are covered under J12 MAC Coverage Policies and may require an ABN. All tests are subject to denials due to non-compensable or missing ICD-9 codes or diagnoses. In addition, tests marked with an * are subject to denial based on frequency limitations.

ACUTE HEPATITIS PANEL (AHEP)	INSULIN / GLUCOSE RATIO *	PANELS, PROFILES & PACKAGES (contain one or more individual covered tests)
ALPHA FETOPROTEIN	IRON *	
BETA HCG *	LDL CHOLESTEROL DIRECT *	
C199	LIPID PANEL *	
CA 125	MISC TESTS (ANY)	
CA 153, CA27.29	NMR LIPORISK *	
CBC WITH OR WITHOUT DIFF	OCCULT BLOOD *	
CEA *	PARATHYROID HORMONE	
CHOLESTEROL *	PLATELETS	
COLLAGEN NTX-TELOPEPTIDE URINE *	PROSTATIC SPECIFIC ANTIGEN, TOTAL *	
COLLAGEN TYPE 1 C-TELOPEPTIDE *	PROTIME	
CRP – HIGH SENSITIVITY *	PTT	
DIGOXIN	QUAD SCREEN MATERNAL *	
FERRITIN *	RAPID HIV *	
FRUCTOSAMINE *	T 7 PROFILE *	
GAMMA GT (GGT) *	T3 UPTAKE *	
GH FUNCTION TESTS *	T4 FREE *	
GLUCOSE *	T4 TOTAL *	
GLUCOSE POS *	THYROID STIMULATING HORMONE *	
HDL CHOLESTEROL DIRECT *	THYROTROPIN FUNCTION *	
HEMATOCRIT	TRANSFERRIN *	
HEMOGLOBIN	TRIGLYCERIDES *	
HEMOGLOBIN A1C *	TRIPLE SCREEN MATERNAL *	
HEPATITIS PANEL, ACUTE (AHEP)	URINE CULTURE	
HEPATITIS PROFILE (HEP)	VAP CHOLESTEROL *	
HIV 1 AND 2 ANTIBODY PROFILE *	WBC	
HIV 1 ANTIBODY WESTERN BLOT *	WBCD	
HIV 1 DNA, PCR, QUAL *		
HIV 1 VIRAL LOAD RT-PCR		
HIV ANTIBODY WESTERN BLOT *		