

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:** _____

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 JL 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.

INDIVIDUAL TESTS

Alcohol, Urine	Flow Cytometry	T4, Free*	Heparin Resistance Profile
Allergen	Fructosamine*	T4, Total*	Hepatic Custom Pkg*
Amphetamines	GGT	THC Metabolite	Hepatitis Panel, Acute
Apolipoprotein A-1	GC/Chlam,Amp DNA Probe*	Thrombotic Risk	Hepatitis Profile, Comp
Apolipoprotein B	Glucose*	Thyroid Function Screen*	HIV Custom Pkg
Aspergillus	HDL Cholesterol, Direct	Thyroid Stimulating Hormone*	Hypersensitivity Pneumonitis Prof
Barbiturates	Hematocrit	Total Iron Binding Capacity	Kidney Pre-Trans Custom Pkg*
Benzodiazepines	Hemoglobin	TPN Profile, Neonatal	Leukemia/Lymphoma Profile
Beta HCG, Serum*	HemogA1c w eAG*	Transferrin	Lipid Panel with Direct LDL Reflex*
CA15-3	HIV 1/2 Differentiate	Triglycerides*	Lipid Panel*
Buprenorphine	HIV Antibody Western Blot	Urine Culture	Male Health Custom Pkg*
CA-125	HIV01 DNA PCR	VAP Cholesterol Test	Obesity Custom Pkg*
Cannabinoids	HIV1/HIV2 Rapid Ag/Ab Scrn	Vitamin D, 1,25-Dihydroxy*	Obstetric Profile*
Carbohydrate Antigen 19-9	HIV-1 Viral Load, RT-PCR	Vitamin D, 25-OH, Total	Pain Management Basic Profile
CEA	Iron	WBC with or without DIFF	Pancreas Post Transplant Eval*
CBC with or without DIFF	LDL Cholesterol, Direct*		Pancreas Pre Transplant Cust Pkg*
CD14	Maternal Serum, AFP	<u>PACKAGES/PANELS/ PROFILES/EVALUATIONS</u>	PNH Evaluation
CD56	Methadone	Anemia Custom Pkg	Post Transplant Eval, Kidney*
CEA	Neisseria gonorrhoeae*	Basic Health Scrn Cust Pkg*	Prenatal Custom Pkg
Chlamydia trachomatis*	Occult Blood, GUAIAIC*	Cardiac Custom Pkg	Prenatal Panel
Cholesterol*	Opiates	Cardiovascular Custom Pkg*	Rheumatoid Custom Pkg
Chromium	Oxycodone	Chronic Urticaria Index™ Prof*	Routine Custom Pkg*
Cocaine Metabolite	Pain Mgt Alcohol, Urine	Comp Hlth Scrn Cust Pkg*	S.E.P.P. Thyroid Custom Pkg*
Collagen NTX-Telopeptide*	PAP Screen*	Creat Clearance Custom Pkg	Stroke Alert Custom Package
Collagen Type IC Telopeptide*	Phencyclidine	Diabetic Health Custom Pkg*	T7 Profile*
Cotinine Screen, Urine	Platelet Count	Executive Custom Pkg*	Thyroid Custom Pkg*
Digoxin	Propoxyphene	Executive Hlth Scrn Cust Pkg*	Type II Diabetes Custom Pkg*
Drug Screen	PSA, Free and Total*	Female Health Custom Pkg*	von Willebrand Profile, Comprehensive
Expanded Toxicology Screen	PSA, Total*	Gen Hlth & Cardiac Cust Pkg*	Weight Management Custom Pkg *
Ferritin	Prothrombin Time with INR	General Health Custom Pkg*	Zap 70 Evaluation
	PTT		
	T3, Uptake*		

REVISED 10/2014