Effective May 1, 2018

Advanced Beneficiary Notice (ABN) Requirement

In an effort to ensure compliance around payor medical necessity guidelines, our Atlas system configuration will be changed to auto print an Advanced Beneficiary Notice (ABN) when tests are ordered for which diagnosis rules do not meet medical necessity guidelines. These flags set up in your system or in Atlas will be critical to ensure medical necessity requirements are met prior to specimen collection and that required documentation is submitted with the specimen to the laboratory.

The printed ABN will serve as a reminder to review coverage rules for the test(s) in question and to discuss with the patient. Select the appropriate option after discussion with the patient. The ABN must be signed and dated by the patient and submitted with the test requisition.

If patient wants the payor billed but will be responsible if the payor denies payment; please ensure the bill type is entered correctly and complete information is provided. If the payor denies payment, the ABN is available for us to be able to collect payment from the patient.

If the patient wants the test, but wants to self-pay for it without submitting to the payor, please ensure the order is on a separate account so just the one test is billed directly to the patient. Generally, an appeal to the payor will not be possible in this situation.

If the patient does NOT want the test, please ensure the test is cancelled and the ordering provider is made aware of the patient’s decision not to have the testing completed. If the provider still wants the test, the test can be ordered with payment responsibility of the client (clinic/facility). Enter as a separate account/order with the bill type of client (clinic/facility).

If services have been provided, billed and denied due to lack of medical necessity and ABN documentation is not on file to bill the patient, MCL will bill the client (clinic/facility) for those services. A request to change the bill type on these charges will not be honored due confirmation from Medicare that charges were not payable upon initial submission.

See examples on reverse of the Atlas requisition showing the ABN flag in addition to a sample ABN.

Questions can be directed to Mona Dinnauer at 515-643-4933 or mdinnauer@mercydesmoines.org.
**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for laboratory test 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 give Medicare beneficiaries this notice for the laboratory test below.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Medicare May Not Pay:</th>
<th>Estimated Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>T44443</td>
<td>Thyroid Stimulating Hormone</td>
<td>Medicare does not pay for this test for your condition.</td>
<td>$52.00</td>
</tr>
</tbody>
</table>

**WHAT YOU NEED TO KNOW:**
- 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 listed above.

**Options:**
- **OPTION 1:** I want the laboratory test 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 (HSN). 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 HSN. 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 listed above, but do not bill Medicare. You may ask to be paid now, but I am responsible for payment. I cannot appeal if Medicare is not billed.
- **OPTION 3:** I don't want the laboratory test 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:**

Some test results may automatically trigger another test to be performed. This may affect the amount you are required to pay.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-877-486-2598.

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

**Signature:**

**Date:**

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**Form CMS-R-131 (Exp. 03/2020)**

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