



### **HML's Advance Beneficiary Notice (ABN)**

If the patient for whom you are submitting a specimen is a Medicare recipient, and the requested testing has limited coverage due to medical necessity and/or frequency limitations, please submit a signed Advance Beneficiary Notice (ABN) if you have reason to believe Medicare may not consider the test medically necessary. Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862(a)(1) of the Medicare law. If Medicare determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service. The Advanced Beneficiary Notice informs the patient that Medicare may not cover payment for certain tests. By signing the Advanced Beneficiary Notice, the patient agrees to be personally and fully responsible for payment should Medicare deny payment for the test indicated. A listing of tests which require specific diagnoses in order to meet the medical necessity requirement can be found on CMS website under Medicare National Coverage Determination Policy.

On the following page, you may view a [list of the tests which most frequently require an ABN](#) and HML's corresponding Retail price. Please note, this is a partial list and is subject to change without notice. Current prices for these and other tests not listed are available by calling HML Client Services at 301-665-4900 or 1-800-428-2150. For the latest information about Medicare requirements, please refer to their Website: [www.cms.hhs.gov/MCD/search.asp?](http://www.cms.hhs.gov/MCD/search.asp?)

A copy of HML's ABN follows. Information required on an ABN includes:

1. Patient Name and secondary identifier
2. Test name
3. Reason for non-coverage
4. Estimated cost
5. One of the three "Option" boxes MUST be checked
6. Patient signature

***Please remember, the Patient must sign and date the ABN prior to receiving service/being drawn.***

**Retail Prices for tests most frequently requiring ABN's**

TEST	HML RETAIL PRICE
ACUTE HEPATITIS PANEL	\$203.70
AFP TUMOR MARKER	\$36.75
CBC	\$18.52
CEA	\$59.24
CHOLESTEROL	\$9.36
DIGOXIN	\$38.58
FERRITIN	\$39.40
GGT	\$11.02
GLUCOSE	\$9.36
HPV, DNA, AMPLIFIED PROBE	\$90.30
IRON	\$19.84
LIPID	\$50.71
OCCULT BLOOD	\$5.00
PAP, THIN PREP	\$68.25
PAP, CONVENTIONAL	\$68.25
PSA	\$62.55
FREE/TOTAL PSA	\$165.90
PT/INR	\$8.15
PTT	\$16.53
FREE T4	\$89.84
THYROID CASCADE	\$132.83
TRANSFERRIN	\$40.50
TRIGLYCERIDES	\$9.36
TSH	\$42.99
RUA W/ CULTURE IF INDICATED	\$35.49
URINE CULTURE	\$25.57
VITAMIN D 25	\$172.20

**Patient Name:**

**Identification Number:**

**ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**

**NOTE:** If Medicare doesn't pay for the 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.

Laboratory Tests	Reason Medicare May Not Pay:	Estimated Cost:
	<input type="checkbox"/> Medicare does not pay for these tests for your condition. <input type="checkbox"/> Medicare does not pay for these tests as often as this (denied as too frequent). <input type="checkbox"/> Medicare does not pay for experimental or research tests. <input type="checkbox"/> Other: _____	

**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 tests listed 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.**

**OPTION 1.** I want the lab tests 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 lab tests 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 don't want the lab tests 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 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 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.