

Laboratory Bulletin

DCL
Medical Laboratories

Important News for DCL Medical Laboratories Clients

March 19, 2009

New ABN Should Be Used in Cases of Potential Medicare Non-Coverage

Effective March 1, 2009, the Centers for Medicare and Medicaid Services (CMS) have implemented a new Advance Beneficiary Notice (ABN) form and have made changes to the information required to complete the form. DCL Medical Laboratories asks clients to immediately begin using the new version of the form. A copy of the revised ABN is included with this bulletin. More copies may be requested using the DCL Medical Laboratories Supply Order Form.

This Laboratory Bulletin contains helpful information about when to provide an ABN and how the Form should be completed. Please carefully read this bulletin and save it for future reference. If you have any questions, please contact DCL Client Services at (317) 874-1334 or toll free at (866) 874-1334.

When to provide an ABN

An ABN should be provided to the patient and completed when Medicare is not likely to pay for a specific laboratory test that a physician has ordered. Laboratory tests that may not be covered by Medicare are included in the National Coverage Determinations (NCD) list and the Local Coverage Determinations (LCD) list for your area. For more information regarding Laboratory NCD and LCD lists and which diagnosis codes are covered for these tests, please visit the CMS website at <http://www.cms.hhs.gov/mcd/indexes.asp>.

How to complete an ABN

Portions of the ABN must be completed by the physician's office while other portions of the form must be completed by the patient. The ABN must be verbally reviewed with the beneficiary or his/her representative and any questions must be answered before the form is signed. The ABN must be provided to the patient in advance so that the beneficiary or representative has time to consider his/her options and make an informed choice before specimens are obtained.

The steps required of the physician's office and of the patient are listed in details on the next page of this Laboratory Bulletin.

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The Physician's Office should:

Clearly print the Patient's Name and an Identification Number such as the patient's chart number or date of birth.

Indicate the tests(s) that Medicare may not pay for.

Write the reason that Medicare may not pay for the test(s). The most common reasons are that "Medicare does not pay for these tests for your condition;" "Medicare does not pay for these tests as often as this (denied as too frequent);" and "Medicare does not pay for experimental or research use tests." Consult the Laboratory NCD and LCD lists at <http://www.cms.hhs.gov/mcd/indexes.asp> for help determining denial reasons.

9550 Zionsville Road, Suite 200, Indianapolis, IN 46268 | 1616 Eastport Plaza Dr., Collinsville, IL 62234
 Phone: (317) 872-0116 | Free: (800) 837-3254 | Fax: (317) 876-7683 | Phone: (618) 343-0002, Free: (877) 854-4008, Fax: (618) 343-0059

Patient Name: _____ Identification Number: _____

ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

NOTE: If Medicare doesn't pay for the laboratory tests(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 tests(s) below.

| Laboratory Test(s) | Reason Medicare May Not Pay: | Estimated Cost: |
|--|------------------------------|-----------------|
| <input type="checkbox"/> Alpha Fetoprotein (AFP) | | |
| <input type="checkbox"/> Blood Counts (CBC, Hematocrit, Hemoglobin, Platelet, WBC) | | |
| <input type="checkbox"/> Blood Glucose Testing (GLUF, GLU, GLU2HR, GTT1 50gm) | | |
| <input type="checkbox"/> Carcinoembryonic Antigen (CEA) | | |
| <input type="checkbox"/> Culture, Urine | | |
| <input type="checkbox"/> Digoxin | | |
| <input type="checkbox"/> Fecal Occult Blood | | |
| <input type="checkbox"/> Gamma Glutamyl Transferase (GGT) | | |
| <input type="checkbox"/> Glycated Hemoglobin/Glycated Protein | | |
| <input type="checkbox"/> Hepatitis Profile - Acute | | |
| <input type="checkbox"/> Human Chorionic Gonadotropin (HCG) | | |
| <input type="checkbox"/> HIV Testing | | |
| <input type="checkbox"/> Lipid Testing (Lipid Panel, HDL, LDL, Trig) | | |
| <input type="checkbox"/> Pap Test | | |
| <input type="checkbox"/> Partial Thromboplastin Time (PTT) | | |
| <input type="checkbox"/> Prostate Specific Antigen (PSA) | | |
| <input type="checkbox"/> Prothrombin Time (PT) | | |
| <input type="checkbox"/> Serum Iron Studies (Iron (FE), IronST) | | |
| <input type="checkbox"/> Thyroid Testing (T4, TSH) | | |
| <input type="checkbox"/> Tumor Markers (CA 125, CA 15-3, CA 27.29, CA 19-9) | | |
| <input type="checkbox"/> Other: | | |
| <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 test(s) 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 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 don't want the laboratory test(s) above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

Additional Information: Please notify your physician if you choose not to receive these laboratory tests. 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.

Form CMS-R-131 (03/08) DCL 16 0808 WHITE = DCL COPY CANARY = PHYSICIAN COPY PINK = PATIENT COPY Form Approved OMB No. 0938-0566

Fill in the estimated cost of the test for the patient using DCL's Self-pay Pricing List.

Provide the form to the patient and verbally explain which tests may not be covered, why those tests may not be covered and what options are available to the patient.

Instruct the patient to mark one of the options and to sign and date in the boxes provided.

Give the patient the pink copy of the form. Send the white copy of the form to DCL with the test requisition. Retain the yellow copy.

Note: If the patient chooses Option 3, a specimen must not be obtained and an order must not be placed for the testing indicated on the ABN. The physician should be notified that the patient chose not to have the tests performed. Specimens for testing not indicated on the ABN should, however, be obtained and orders should be placed for that Medicare-covered testing.

Questions?
Contact Client Services

9550 Zionsville Rd., Suite 200, Indianapolis, IN 46268
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 Fax: (317) 874-1404

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 Phone: (618) 343-0002, Free: (877) 854-4008
 Fax: (618) 343-0059

Self-Pay Pricing for National Coverage Determinations Tests



Effective April 1, 2009

| CPT Code | Test Name | Self-Pay Price |
|-----------------|--|-----------------------|
| 82105 | Alpha Fetoprotein | \$34.00 |
| 85025 | Blood Counts: CBC w/ Automated Diff | \$16.00 |
| 85027 | Blood Counts: CBC W/O Differential | \$13.00 |
| 85014 | Blood Counts: Hematocrit | \$5.00 |
| 85018 | Blood Counts: Hemoglobin | \$5.00 |
| 85049 | Blood Counts: Platelet | \$9.00 |
| 85048 | Blood Counts: White Blood Count | \$5.00 |
| 82947 | Blood Glucose Testing: Glucose, Fasting | \$8.00 |
| 82947 | Blood Glucose Testing: Glucose, Random | \$8.00 |
| 82947, 82950 | Blood Glucose Testing: Glucose 2 hour 75gm w/Fasting | \$18.00 |
| 82947, 82950 | Blood Glucose Testing: Glucose Tolerance 1Hr | \$18.00 |
| 82378 | Carcinoembryonic Antigen (CEA) | \$38.00 |
| 87086 | Culture, Urine | \$16.00 |
| 80162 | Digoxin | \$27.00 |
| 82270 | Fecal Occult Blood | \$7.00 |
| 82977 | Gamma Glutamyl Transferase (GGT) | \$15.00 |
| 83036 | Glycated Hemoglobin (Hemoglobin A1C) | \$20.00 |
| 82985 | Glycated Protein | \$30.00 |
| 80074 | Hepatitis Profile -Acute | \$88.00 |
| 84702 | Human Chorionic Gonadotropin (HCG) | \$14.00 |
| 86703 | HIV-1/HIV-2 Antibodies Reflex to WB | \$28.00 |
| 80061 | Lipid Testing: Lipid Panel | \$27.00 |
| 83718 | Lipid Testing: HDL | \$17.00 |
| 83721 | Lipid Testing: LDL | \$19.00 |
| 84478 | Lipid Testing: Triglycerides | \$12.00 |
| 88175 | Pap Test | \$52.00 |
| 85730 | Partial Thromboplastin Time (PTT) | \$12.00 |
| 84153 | Prostate Specific Antigen, Total | \$37.00 |
| 84154 | Prostate Specific Antigen, Free | \$37.00 |
| 85610 | Prothrombin Time (PT) | \$8.00 |
| 83540 | Serum Iron Studies: Iron | \$13.00 |
| 83540, 83550 | Serum Iron Studies: Iron Studies | \$31.00 |
| 84436 | Thyroid Testing: T4 | \$14.00 |
| 84443 | Thyroid Testing: TSH | \$34.00 |
| 86340 | Tumor Markers: CA 125 | \$30.00 |
| 86300 | Tumor Markers: CA 15-3 | \$42.00 |
| 86300 | Tumor Markers: CA 27.29 | \$42.00 |
| 86301 | Tumor Markers: CA 19-9 | \$42.00 |