

9200 Wall Street  
Austin, Texas 78754  
(512) 339-1275

**Patient Name:**

**Identification Number:**

## Advance Beneficiary Notice of Noncoverage (ABN)

**NOTE:** If Medicare doesn't pay for tests checked or written in the box 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 tests written or checked below.

Listed or Checked Tests Only:	Reason Medicare May Not Pay:	Estimated Cost:
<input type="checkbox"/> CRP-hs \$75 <input type="checkbox"/> Folic Acid \$135 <input type="checkbox"/> Hemoglobin A1c \$ 85 <input type="checkbox"/> Homocysteine \$175 <input type="checkbox"/> Lipid Panel \$95 <input type="checkbox"/> Occult Bld \$140 <input type="checkbox"/> PSA \$120 <input type="checkbox"/> TSH \$110 <input type="checkbox"/> T3U \$60 <input type="checkbox"/> T4 Total \$60 <input type="checkbox"/> T4 Free \$150 <input type="checkbox"/> Vitamin B1 \$110 <input type="checkbox"/> Vitamin B2 \$230 <input type="checkbox"/> Vitamin B6 \$310 <input type="checkbox"/> Vitamin B12 \$145 <input type="checkbox"/> Vitamin D 25 OH \$340 <input type="checkbox"/> Vitamin D 1,25 OH \$335  -----  -----	<p style="text-align: center;"><b>Medicare may not pay for these tests due to frequency limitations</b></p> <p>-----</p> <p style="text-align: center;">Medicare will not pay for these tests for your condition, based on the diagnosis provided</p> <p>-----</p> <p style="text-align: center;">Medicare will not pay for experimental or research use only tests</p>	<p style="text-align: center;">-----</p> <p style="text-align: center;"><i>See back of page for price list</i></p>

**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 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 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 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 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 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.

<b>Signature:</b>	<b>Date:</b>
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**CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).**

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**# - Medicare may not pay for these tests due to frequency limitations**

4212	Carnitine @	\$235		2817	T3 Uptake @	\$ 60
5399	Chlamydia, Urine @	\$165		2823	T4, Free @	\$150
5083	CRP-hs @	\$ 75		5692	T4, Free, Dialysis @	\$295
5981	Fibrinogen Ag @	\$215		2819	T4, Total @	\$ 60
2695	Folic Acid @	\$135		4581	T. Pallidum – PA @	\$125
5397,5396	GC (NG), Amplified, Urine @	\$165		3450	Treponema Antibody @	\$ 70
4803	Glycated Hemoglobin @	\$105		2835	TSH @	\$110
2708	Hemoglobin A1c @	\$ 85		4274	TSH, Ultrasensitive @	\$150
2739	Hepatitis B Surface Ag	\$100		4950	Vitamin A	\$150
3540	HIV 1/2 AG/AB Combo @	\$115		4952	Vitamin B1	\$110
4288	Homocysteine, Serum @	\$175		5014	Vitamin B2	\$230
5051	Homocysteine, Urine @	\$175		4956	Vitamin B6 @	\$310
4228	LDL Direct @	\$135		2840	Vitamin B12 @	\$145
173	Lipid Panel @	\$ 95		5020	Vitamin C	\$150
4351	Lipoprotein Panel @	\$150		4958	Vitamin D 25-Hydroxy @	\$340
7015	Occult Blood, Screen, Guaiac	\$120		4960	Vitamin D 1, 25-Hydroxy @	\$335
7009	Occult Blood, Screen, Immunoassay	\$140		4962	Vitamin E	\$170
2608	PSA, Medicare Screen	\$120		4963	Vitamin K1	\$360
3500	RPR @	\$ 35				

Any test marked with @ is also a Medicare Limited Coverage test for diagnosis

**@ - Medicare will not pay for these tests for your condition, based on the diagnosis provided**

9325	Acute Hepatitis Panel	\$270	2695	Folic Acid #	\$135	7017	Occult Blood, Diagnostic	\$120
2625	AFP Tumor Marker	\$135	4230	Fructosamine #	\$115	1425	Prothrombin Time (PT)	\$ 35
4832	C-Peptide	\$230	5396, 5397	GC (NG) Amplified #	\$165	2606	PSA, Diagnostic	\$120
3997	C-Telopeptide	\$295	2216	GGT	\$ 60	1430	PTT	\$ 40
4827	CA 15-3	\$180	2217	Glucose	\$ 45	3500,3499	RPR #	\$ 35
4976	CA 19-9	\$230	2713	HCG, Quantitative	\$150	2817	T3 Uptake #	\$ 60
4825	CA 27.29	\$180	2708	Hemoglobin A1c #	\$ 85	2823	T4, Free #	\$150
1000,1041	CBC	\$ 45	2739	Hepatitis B Surface Ag #	\$100	2819	T4, Total #	\$ 60
2645	CEA	\$150	3540	HIV 1/2 AG/AB Combo #	\$115	4936	Transferrin	\$135
5399,5398	Chlamydia, Amplified #	\$165	4288	Homocysteine, Serum #	\$175	2635	Trophoblastic HCG	\$150
5083	CRP-hs #	\$ 75	2222	Iron	\$ 55	2835	TSH #	\$110
6049	Culture, Urine	\$ 80	2153	Iron Binding	\$ 85	4274	TSH, Ultrasensitive #	\$150
3034	Digoxin	\$100	8180	Leukemia/Lymphoma Ph.	\$120	2840	Vitamin B12 #	\$140
3254	Drug Abuse Panel #	\$245	4829	N-Telopeptide, Urine	\$145	4958	Vitamin D 25-Hydroxy #	\$340
2090	Ferritin	\$110	5267	N-Telopeptide, Serum	\$400			

Any test marked with # is also a Medicare Frequency limited test

**+ Medicare will not pay for experimental or research use only tests**

4140	Antiphospholipid Antibody Panel	\$510		5273	Mycobacterium tuberculosis PCR	\$440
6096	Bordetella-PCR	\$435		5242	PAI-1 Locus 4G/5G Mutation	\$420
4535	CD55 and CD59 for PNH	\$465		3969	Prostaglandin D2	\$495
5098	Complement C7	\$210		2048	PTH, Body Fluid	\$130
4847	Hemochromatosis (HFE) PCR	\$240		4104	T. Pallidum Ab IgG, CSF	\$ 90
4152	Human Herpes Virus 8 (HHV 8) IgG	\$340		2047	Thyroglobulin, Body Fluid	\$140
3940	JAK2 V617F Mutation	\$540		4955	Vitamin B3	\$430
4077	Liver Cytosol Autoantibodies	\$190				

This is not a complete list of limited coverage tests. Please visit <https://www.cms.gov> for a complete list of NCD determinations and the appropriate Medicare Administrative Contractor (Noridian or Novitas) for LCD determinations.



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)  
INSTRUCTIONS FOR COMPLETING THE FEDERAL MEDICARE ABN  
For use with CMS-R-131 (March 2020)

1. **Patient Name** (upper left): Enter patient's name as it appears on the Medicare card; first, last and middle initial if present.
2. **Identification Number** (upper right): Enter either the requisition number or the accession number, do **NOT** use the patient Medicare number or social security number in this field. This blank is optional (If this field is left blank, the ABN is still valid)
3. **Listed or Checked Tests Only** (first box): In the first box either check the test name (for frequency limited tests) or write the test name next to the appropriate reason Medicare is likely to deny payment.
  - *For these tests as often as this (denied as too frequent)* – In this area list any test with a frequency limit. **Always get an ABN for frequency limited tests.**
  - *For these tests for your condition, based on the diagnosis provided* – In this area list tests that you believe Medicare won't pay for based on the diagnosis code provided. For a complete list of limited coverage tests, visit <https://www.cms.gov> for NCD determinations and the appropriate Medicare Administrative Contractor (Noridian or Novitas) for LCD determinations.
  - *For experimental or research use tests:* In this column list non-FDA approved tests which can be found by visiting <https://www.cms.gov> for NCD determinations and the appropriate Medicare Administrative Contractor (Noridian or Novitas) for LCD determinations.
4. **Estimated Cost:** List the cost of the tests written or checked in this area. Check the back of the ABN to find the cost of most tests. The cost must be transferred from the back to the front of the ABN. There must be a cost listed or the ABN is not valid.
5. **Explain the ABN to the Patient:** Answer all the patient's questions. If the patient has a Medicare question you cannot answer, give him/her the phone number **1-800-MEDICARE** (1-800-6334227/TTY: 1-877-486-2048) to get his/her questions answered.
6. The **patient** must check one of the three options:
  - Option 1 – the patient wants to receive the test(s) and wants CPL to bill Medicare
  - Option 2 – the patient wants to receive the test(s), but does not want Medicare to be billed (the patient will receive a bill)
  - Option 3 – the patient does not want to receive the test(s)
7. **Signature:** the patient must sign the ABN. An authorized representative may sign if the patient is unable.
8. **Date:** the patient must date the ABN
9. Give the patient a **copy** (carbon or photocopy) of the ABN immediately after he/she signs. Do **NOT** change an ABN after the patient signs.