

Instructions for obtaining an ABN from your patient when submitting Lab Test(s) specimens to Indiana University Health:

1. **ABNs are designed for use with Medicare beneficiaries only**, including those who are dually eligible for Medicaid and Medicare. ABNs are not for use with patients who are not Medicare beneficiaries.

2. **When to obtain an ABN from a Medicare patient:**

a) Whenever the ordered test(s) for a Medicare patient is **a screening test** for general preventative health maintenance, an ABN should be obtained.

b) For any of the following tests, **with frequency limitations** - listed as part of Medicare's National Coverage Decision (NCD) policies:

- *Carcinoembryonic Antigen (CEA)*
- *Collagen Crosslinks (any method) - if bone resorption is not elevated*
- *Fecal Occult Blood*
- *Gamma Glutamyl Transferase (GGT)*
- *Glycated protein or Glycated Hemoglobin*
- *HIV-1 and/or HIV-2 Quantification*
- *Diagnostic/Qualitative HIV testing (HIV-1,HIV-2, HIV-1&2, HTLV III) all methods*
- *Human Chorionic Gonadotropin (hCG) Diagnostic*
- *Lipids - (lipid panel, Cholesterol - total & LDH, Lipoprotein, Triglycerides)*
- *Prothrombin Time (PT)*
- *Prostate Specific Antigen (total PSA)*
- *Thyroid Testing (Thyroxine - total & free, TSH, T3 or T4 uptake, THBR)*

c) For any test(s) and/or service(s) that has been targeted on either the Local Coverage Decision policy (LCD), **formerly** referred to as Local Medical Review Policy (LMRP) - or- the National Coverage Decision policy (NCD). ABN required for all tests / services **that do not have a diagnosis / diagnosis code (ICD-9 CM code) that supports Medical Necessity according to Medicare, multiple diagnosis may be required to support the order.**

- *The above tests with frequency limitations are part of the NCD and should have supportive diagnosis submitted with the signed ABN.*
- *The following tests are also part of the NCD, but do not have clear-cut frequency limitations*
 - *Alpha-fetoprotein (Afp)*
 - *Blood counts - hemogram, platelet counts, - all methods*
 - *Blood glucose Testing*
 - *Digoxin Therapeutic Drug Assay*
 - *Hepatitis panel-Acute*
 - *Partial Thromboplastin Time (PTT)*
 - *Serum Iron Studies*
 - *Tumor Antigen by Immunoassay*
 - *CA125*
 - *CA 15-3/CA 27.29*
 - *CA 19-9*
 - *Urine Culture - identification, colony counts, sensitivity/MIC, titers -all methods*

- d) For any test or service that is considered to be *Experimental, Investigational Use Only, or for research use*
3. **Indiana University Health Pathology Laboratory has provided a summary of the laboratory NCD policies in the "*Directory of Services*" to aid in determining if an ABN is needed.**
4. **Completion of the ABN:**
- a) All laboratory tests and services must use the **ABN** format (ABN).
 - Government form number CMS-R-131
 - Available in both English and Spanish
 - A two or three copy format
 - b) A single ABN covering an extended course of treatment is acceptable provided the ABN identifies all items and services for which the physician/provider believes Medicare will not pay.
 - Note on the ABN that it is for "Standing Orders" needs to define the period of time for which the standing order applies
 - c) A list of " patient charge" for all tests that are part of the NCD or LCD is provided (Attachment) for the "Estimated Cost" section of the ABN
 - d) Obtain an appropriate/authorized signature on the ABN
 - Patient/beneficiary's signature
 - Authorized representative - a person who is acting on the beneficiary's behalf and in the beneficiary's best interest.
 - In the event that the patient wants the test and refuses to sign the ABN - indicate this on the signature line and obtain signature of a witness to the process
 - e) Provide the patient/beneficiary a copy of the ABN. Send at least one copy of the signed ABN with the specimen - attach to the order