

Advance Beneficiary Notice (ABN) Update **ACTION REQUIRED**

The ABN, Form CMS-R-131, and form instructions have been updated and approved by the Office of Management and Budget (OMB) for renewal. While there are no changes to the form itself, providers should note the added expiration date on the form.

The new version of the ABN form expires March 2020. Clients are expected to **exclusively** use the new version of the ABN. The date of **mandatory** use of newly approved notices is **Wednesday, June 21, 2017**.

A sample of the ABN form is shown below with mandatory fields highlighted.

Required Action Steps:

- Update all EMR's with new ABN form with March 2020 as the expiration date.
- Discard old ABN forms and replace with new ABN form if using paper version.
- Comply with CMS effective versions.
- Complete ABN's in full, otherwise it will be null and void.

The updated FORM CMS-R-131 can be found on our website at <https://www.acllaboratories.com/patient-info/billing/>.

For additional information, please contact ACL Laboratories at 1.800.877.7016.



Patient Name: _____

Identification Number: _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the **Laboratory Test(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 Test(s)** below.

Laboratory Test(s)	Reason Medicare May Not Pay:	Estimated Cost
<input type="checkbox"/> CBC with Auto Diff (CBCA)	<input type="checkbox"/> Medicare does not pay for this test(s) for your condition	\$50.00
<input type="checkbox"/> Hemoglobin A1c (GLYH)		\$100.00
<input type="checkbox"/> Lipid Panel (LIPDPL, LIPPNL)	<input type="checkbox"/> Medicare does not pay for this test(s) as often as this (denied as too frequent)	\$100.00
<input type="checkbox"/> Protime (PTINR)		\$50.00
<input type="checkbox"/> PSA (Prostate Specific Antigen)	<input type="checkbox"/> Medicare does not pay for experimental or research use test(s)	\$100.00
<input type="checkbox"/> TSH or TSH with Reflex		\$100.00
<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)** 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: _____
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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, Ann: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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

Form Approved OMB No. 0938-0566

Uncontrolled when printed

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