



**Notifier(s):** Diagnostic Laboratory of Oklahoma, L.L.C., 225 NE 97th St. Oklahoma City, OK 73114  
 Log on now at [www.DLOLAB.com/patient/billing](http://www.DLOLAB.com/patient/billing)  
 or call - 1-888-241-7742 8:00 a.m. - 4:30 p.m.

**Patient Name:**

**Identification Number:**

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

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

<b>Listed or Checked Items Only:</b>	237 <input type="checkbox"/> AFP, TUMOR (CHIRON) \$ 60.00	571 <input type="checkbox"/> IRON, TOTAL \$ 25.00	978 <input type="checkbox"/> CEA \$ 60.00	Other <input type="checkbox"/> _____
	29256 <input type="checkbox"/> CA125 \$ 80.00	7573 <input type="checkbox"/> IRON, TOTAL, & IBC \$ 48.50	496 <input type="checkbox"/> HEMOGLOBIN A1C \$ 30.00	
	5819 <input type="checkbox"/> CA 15-3 \$ 70.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	7600 <input type="checkbox"/> LIPID PANEL \$ 47.00	Other <input type="checkbox"/> _____
	4698 <input type="checkbox"/> CA 19-9 (CENTOCOR) \$ 75.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	334 <input type="checkbox"/> CHOLESTEROL, TOTAL \$ 12.00	Other <input type="checkbox"/> _____
	6399 <input type="checkbox"/> CBC (DIFF/PLT) \$ 25.00	Varies <input type="checkbox"/> PAP \$ 50.00	484 <input type="checkbox"/> GLUCOSE, PLASMA \$ 20.00	Other <input type="checkbox"/> _____
	978 <input type="checkbox"/> CEA \$ 60.00	<input type="checkbox"/> WITH REFLEX \$515.00	608 <input type="checkbox"/> HDL-CHOLESTEROL \$ 20.00	Other <input type="checkbox"/> _____
	10124 <input type="checkbox"/> HS CRP \$ 50.00	8847 <input type="checkbox"/> PRO TIME WITH INR \$ 20.00	896 <input type="checkbox"/> TRIGLYCERIDES \$ 15.00	Other <input type="checkbox"/> _____
	2126 <input type="checkbox"/> Dap 10-50 \$160.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	14852 <input type="checkbox"/> LIPID PNL W/REF DIR \$ 47.00	
	418 <input type="checkbox"/> DIGOXIN \$ 40.00	763 <input type="checkbox"/> PTT, ACTIVATED \$ 20.00	Varies <input type="checkbox"/> PAP \$ 50.00	
	395 <input type="checkbox"/> CULT, (U) ROUTINE \$ 35.00	861 <input type="checkbox"/> T-3 UPTAKE \$ 25.00	<input type="checkbox"/> WITH REFLEX \$515.00	
	457 <input type="checkbox"/> FERRITIN \$ 40.00	867 <input type="checkbox"/> T-4 (THYROXINE) \$ 25.00	5363 <input type="checkbox"/> PSA, TOTAL \$ 70.00	
	466 <input type="checkbox"/> FOLATE, SERUM \$ 40.00	866 <input type="checkbox"/> T-4, FREE \$ 60.00	11290 <input type="checkbox"/> FECAL IMMUNOCHEM MED \$ 55.00	
	482 <input type="checkbox"/> GGT \$ 25.00	899 <input type="checkbox"/> TSH \$ 60.00	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	
	8396 <input type="checkbox"/> HCG, TOTAL, QN \$ 70.00	36127 <input type="checkbox"/> TSH W/REFL FT4 \$ 60.00	8396 <input type="checkbox"/> HCG, TOTAL, QN \$ 70.00	
	496 <input type="checkbox"/> HEMOGLOBIN A1C \$ 30.00	927 <input type="checkbox"/> VITAMIN B12 \$ 60.00	927 <input type="checkbox"/> VITAMIN B12 \$ 60.00	
	10306 <input type="checkbox"/> HEP PNL ACUTE W/REF \$235.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	7065 <input type="checkbox"/> VIT B12/FOLATE, SER \$100.00	
	91431 <input type="checkbox"/> HIV1/2 AB SCR W/RF \$ 60.00	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	17306 <input type="checkbox"/> VIT D, 25-OH, TOTAL IA \$ 80.00	
	31789 <input type="checkbox"/> HOMOCYSTEINE \$ 80.00	Other <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Reason Medicare May Not Pay:</b>	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)	Medicare does not pay for experimental or research use tests
<b>Estimated Cost:</b>				

**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 checked items listed in the first box 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.

<b>Signature:</b>	<b>Date:</b>
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## LABORATORY ORDERING PROCEDURE FOR MEDICARE PATIENTS

- Step 1. Determine the tests to be ordered and indicate on the requisition all medically appropriate ICD-10 codes that accurately reflect the patient's condition or symptoms, and therefore, the diagnostic purpose for ordering the test(s).**
- Step 2. Determine if the tests or any test in a panel/profile ordered appear on the list of Medicare Limited Coverage Tests.**  
If no.....Proceed with lab specimen submission procedures.  
If yes.....Go to Step 3.
- Step 3. Determine if the ICD-10 codes you have specified are included on the Medicare carrier's list of covered ICD-10 codes for that test. If yes, and there is no frequency symbol (F) next to the test on the requisition, proceed with lab specimen submission procedures. If no, go to step 4.**
- Step 4. Review with your patient the Advance Beneficiary Notice (ABN) Form**
1. Insert your patient's name.
  2. Write in or check off the test(s) that Medicare may not cover in the appropriate column.
  3. Refer to the Diagnostic Laboratory of Oklahoma Patient Price List for the estimated costs of the test(s) that the patient may be responsible to pay.
  4. **INSERT THE PRICE IN THE SPACE MARKED "ESTIMATED COST" ON THE ABN.**
  5. Present the entire ABN form to your patient and explain that Medicare may deny the services listed on the ABN and the patient may be responsible for payment of the test(s) listed on the ABN. Make sure that the patient reads the ABN in its entirety and understands it.
  6. Explain why you think the test(s) is medically appropriate.
  7. Have your patient personally select Option 1, Option 2, or Option 3 on the ABN. **(Choose only one option box)**
  8. After the option is selected, the **"patient must sign and date the form"**.
  9. Provide your patient with a copy of the signed ABN.
- Note: All spaces must be filled out completely.**
- Step 5. Submit the completed Advance Beneficiary Notice form with the completed requisition for those test(s) that the patient has agreed to receive.**