



ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Whenever a test with limited coverage per a National Coverage Determination (NCD), Local Coverage Determination (LCD) or Local Coverage Article (LCA) is ordered, the laboratory is allowed to submit the test to Medicare for payment. If payment is denied, the laboratory will be able to bill the beneficiary if an Advance Beneficiary Notice of Noncoverage form was completed. The form regulations apply to participating and nonparticipating provider services that may be determined as not medically necessary. Under federal law, providers must inform beneficiaries in writing before providing a service which Medicare may consider not medically necessary. Advance Beneficiary Notice of Noncoverage forms also protect the provider's right to collect payment from the beneficiary when claims are denied by Medicare as "not reasonable and necessary."

OMB Approved Advance Beneficiary Notice of Noncoverage Form

The Advance Beneficiary Notice of Noncoverage form that is acceptable for use is Form CMS-R-131 (Exp. 06/23/2023) / Form Approved OMB No. 0938-0566.

THE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE FORM MUST:

- Be obtained prior collecting the specimen from the beneficiary or prior to the beneficiary receiving the service (procedure/test) that are the subject of the notice.
- Be verbally reviewed with the beneficiary or his/her representative. Any questions raised during the review process must be answered prior to the beneficiary signing the ABN.
- If the patient demands the service and refuses to sign the ABN form, have a second employee in your lab or office witness the attempted administration of the ABN and the beneficiary's refusal to sign. Both employees should sign an annotation on the ABN attesting to having witnessed the attempted administration and refusal of the beneficiary to sign the ABN. If there is only one person available, the second witness may be contacted by telephone to witness the beneficiary's refusal to sign the ABN by telephone and may sign the form annotation at a later time.
- The unused patient signature line on the form may be used for the annotation and signatures. Writing in the margins of the form is also permissible. In this case, the patient may be billed for the services if Medicare denies the claim.

INSTRUCTIONS TO COMPLETE THE ADVANCE BENEFICIARY OF NONCOVERAGE NOTICE:

Form CMS-R-131 (Exp. 06/23/2023) / Form Approved OMB No. 0938-0566

1. Use black or blue ink and make sure each copy is legible and readable.
2. Determine if the test(s) ordered have a NCD, LCD or LCA. A complete list of applicable NCDs, LCDs and LCAs are available on the Sanford Laboratories website at www.laboratories.sanfordhealth.org. Click on "Compliance" on right side of page and scroll down to the "Printable Compliance Forms" section of the page. Click on the appropriate link i.e., "Advance Beneficiary Notice of Noncoverage", "National Coverage Determinations", "Local Coverage Determinations" or "Local Coverage Articles" to print an ABN form or view appropriate guidelines.
3. **"Notifier" Box – Required** - Write the name, address and phone number of the entity administering the ABN. If the ABN form used does not have notifier information pre-populated in the upper left-hand corner of the document, the administrator of the ABN must provide this information. The notifier requirements include:
 - i. Laboratory/clinic name
 - ii. Laboratory/clinic address
 - iii. Laboratory/clinic phone number
4. **"Patient Name" Box - Required** - Print the name of the beneficiary (patient) as it appears on their Medicare card.
5. **"Identification Number" Box – Required by Sanford Laboratories** - Enter a unique patient identification number for the Medicare beneficiary. Do not use their Medicare number or Social Security number.

6. **"Lab Tests(s)"** Box - *Required* – Write the name of the test(s) ordered (in line item fashion) that may not be covered by Medicare. A list of applicable NCDs, LCDs and LCAs is available on the Sanford Laboratories website at www.laboratories.sanfordhealth.org. Click on "Compliance" on right side of page and scroll down to the "Printable Compliance Forms" section of the page. Click on the appropriate link i.e., "National Coverage Determinations", "Local Coverage Determinations" or "Local Coverage Articles" to view appropriate guidelines.
7. **"Reason Medicare May Not Pay"** Box - *Required* - Place an **"X"** in the box next to the appropriate reason why you believe Medicare may not pay for the **"Lab Test(s)"** ordered. The reasons are listed below:
 - *Medicare does not pay for these tests for your condition;*
Example: A diagnosis is given which does not meet medical necessity for the test ordered.
 - *Medicare does not pay for these tests as often as this (denied as too frequent);*
Example: A PSA screen ordered more frequently than once per year.
 - *Medicare does not pay for experimental or research use tests;*
Exactly as stated above.
8. **"Estimated Cost"** Box - *Required* – Record cost of the test(s) that may not be covered by Medicare. The cost of most tests are available on the Sanford Laboratories website at www.laboratories.sanfordhealth.org. Click on "Compliance" on right side of page and scroll down to the "Printable Compliance Forms" section of the page. The "Patient Fees to Use with ABNs" document is located under the "Advance Beneficiary Notice of Noncoverage" link and contains the most current pricing information. If the cost for the test(s) ordered are not on this document contact the Sanford Laboratories Accounts Receivable department at 605-328-5485 to obtain the cost for the test(s).
9. **"Options"** Box - *Required* - The beneficiary or the beneficiary's representative must choose only one of the three options by placing an **"X"** in the box in front of the appropriate option. You (the notifier) cannot choose an option for them.
 - If the beneficiary wants to receive some, but not all of the services listed on the ABN, the notifier can accommodate this request by completing an additional ABN listing the items/services the beneficiary wishes to receive with the corresponding option selected.
10. **"Additional Information"** Box – *Optional* - Enter any additional insurance information or any information that will be useful to the beneficiary in this box.
11. **"Signature"** Box - *Required* - The beneficiary or the beneficiary's representative must sign the form.
12. **"Date"** Box - *Required* - The beneficiary or the beneficiary's representative must date the form.

Finalization of administration of the Advanced Beneficiary Notice of Noncoverage process:

After completing the Sanford Laboratories 2-part ABN form, give a copy of the completed form (yellow copy) to the patient. The original ABN form (white copy) will be scanned into the patient's medical record. If you are using a copy of the ABN available on the Sanford Laboratories website, give the beneficiary a photocopy of the ABN form after they sign, date and all of the required items are entered as indicated above in the ABN Instructions section.

Beneficiaries are aware that they are responsible for payment of routine or screening tests. Advanced Beneficiary Notice of Noncoverage forms are not required for "routine or screening tests" as they are not covered services under Medicare; however, Medicare does cover a select number of screening tests as long as they are ordered following specific frequency criteria. For a list of screening tests that may be covered by Medicare, please refer to the "Medical Necessity" policy on the Sanford Laboratories website. A valid ABN must accompany the test request and sample when requesting that Sanford Laboratories bill Medicare. The laboratory submitting the claim to Medicare must have the form on file.

Examples of Unacceptable Advanced Beneficiary Notice of Noncoverage Practices are:

- Administering an ABN form for all claims and services (blanket forms)
- Failure to document on the ABN form which services Medicare will likely deny
- Failure to provide an estimated cost of services
- Failure to complete the form prior to providing a service (performing the test)
- Administering an ABN form to a patient in a medical emergency or to a patient who is under great duress

Health care providers and clients who order tests and collect samples that may not be covered by Medicare will be responsible for the testing charges if a valid Advanced Beneficiary Notice of Non-Coverage is not collected.