Using Regional Pathology Services ABN (Medical Necessity Verification) Tool for Patients Covered by Medicare

www.reglab.org

1. Click on the ABN Tool icon found on the main page of Regional Pathology Services website.
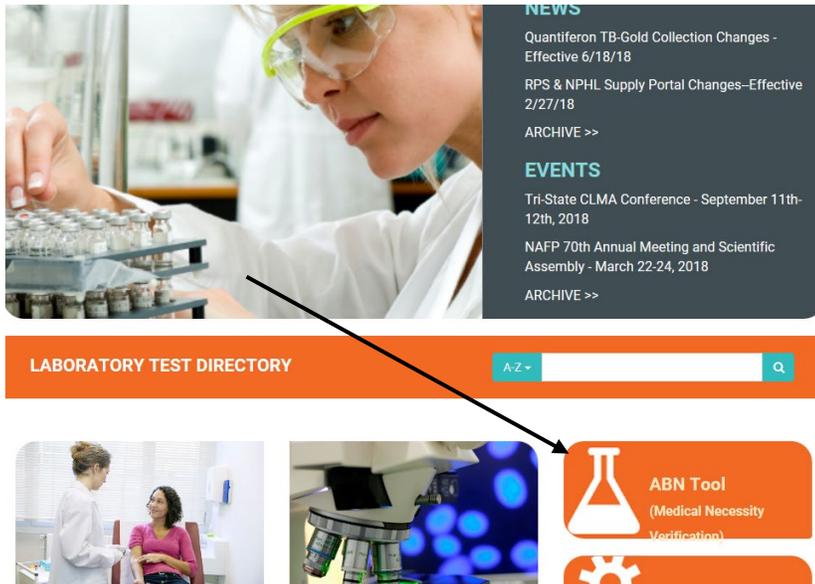
2. Type the patient's test(s) to be collected, use the "Enter" key to bring up the list of possible matches, then highlight and click on the appropriate test. Repeat this process to enter diagnosis code(s).
   - Search by "Mnemonic" if entering verbiage.
   - Search by "Code" if entering test code or ICD10.

3. The Test Code, Test Name, Diagnosis Code and Coverage will display. Coverage will say "not verified" until "Verify Coverage" is selected.

4. Once "Verify Coverage" is selected, the Coverage column will display "covered" or "not covered." If "not covered" appears for a test, enter another diagnosis code and repeat the verification process.

5. The "View Policy Text" may be selected and will provide a list of covered diagnosis codes for the chosen test. If one of these codes applies to the patient, an ABN is not needed.

6. If the applicable diagnosis code does not cover the testing, the ABN needs to be printed and completed by the patient. Click on the ABN icon.

Code	Test	Diagnosis Codes	Coverage
'TIME PROTIME		V68.89	NOT COVERED

❌ Remove Selected   ➕ Select All   🗒 Delete Diag. Codes   Verify Coverage   🗒 View Policy Text   English ⌄   📄 ABN

Diagnosis Code [   ] ⌄   filter by: ◉ Code ○ Name ○ Mnemonic

Diagnosis Code Short List   display by: ◉ Site ○ Specialty [   ] ⌄

5. A new window opens. Enter the patient's last name, first name and date of birth, then click "OK".

Code	Test	Diagnosis Codes	Coverage
PTIME PROTIME		V68.89	NOT COVERED

Atlas LabWorks ...   ☒

Patient Information for ABN   **Required Fields** ▮

Name (L,F MI) [LAST NAME] [FIRST] [NA]
ID [   ]
Medicare Number [   ]
DOB [01/01/1940] 🧮
Sex [   ] ⌄

OK   Cancel

Insurance Provider MEDIC.

6. The ABN form opens in a new window, automatically populated with the patient's name, date of birth, test ordered, reason for denial and estimated cost. Print it by selecting the Print option near the bottom of the page. Explain to the patient which test(s) may not be covered by Medicare and they may need to pay for the test themselves. Have the patient select option 1, 2, or 3, sign and date the form. (If a patient selects option 3, DO NOT draw the test.) Send the ABN with the specimen and requisition; make a copy of the patient would like one for their records.

> University of Nebraska Medical Center   Lab Order #:
> Regional Pathology Services
> The Nebraska Medical Center
> 981180 Nebraska Medical Center
> Omaha, NE 68198-1180
>
> Patient Name: LAST NAME,FIRST NAME Patient DOB: 01/01/1940   Patient Sex:
> Patient ID:
>
> **ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**
> **NOTE:** If Medicare doesn't pay for laboratory test 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 below.
>
> | Laboratory test: | Reason Medicare May Not Pay: | Estimated Cost: |
> |---|---|---|
> | 85610 (PTIME) PROTIME | Medicare does not pay for this test for your condition. | $14.35 |
>
> **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 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 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 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 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:**
>
> Note: Some test results may automatically trigger another test to be performed. This may affect the amount
> you are required to pay.
> **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: |
> |---|---|
>
> 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, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.
>
> **Form CMS-R-131 (03/11)**   **Form Approved OMB No. 0938-0566**

Choose One