



Laboratory Ordering Procedure For Medicare Patients

- Step 1.** Using a Sonora Quest Laboratories' requisition, **mark the tests to be ordered and indicate all medically appropriate ICD-9 codes** that accurately reflect the patient's condition or symptoms, and therefore, the diagnostic **purpose for ordering the test(s)**.
- Step 2. Check to see if the test(s),** or any test in a panel or profile ordered, **appears on the list of Limited Coverage Tests (LCT's)**.
- If no: Proceed with normal laboratory specimen submission procedures or direct the patient to a Sonora Quest Laboratories' Patient Service Center with the completed requisition.
- If yes: Go to Step 3.
- Step 3. Determine if the ICD-9 codes** you have specified are **included on the Medicare carrier's list** of covered ICD-9 codes for that test.
- If no: Go to Step 4.
- If yes: **Check to see if the test(s), regardless of ICD-9 code supplied, indicate Frequency Limitations.**
- If no: Proceed with normal laboratory specimen submission procedures or direct the patient to a Sonora Quest Laboratories' Patient Service Center with the completed requisition.
- If yes: Go to Step 4.
- Step 4. Review with your patient the Advance Beneficiary Notice (ABN) form (Example on back).**
1. Fill in your patient's name and Medicare number.
 2. In the appropriate column, write-in or check off the test(s) that Medicare may not cover. **Tests with Frequency Limitations are subject to denial based on Frequency and/or Medical Necessity Limitations. Write-in or check off the test(s) in ALL appropriate columns.**
 3. If your patient requests the estimated cost, refer to the Sonora Quest Laboratories' Patient Price List for the estimated costs of the test(s) that the patient may be responsible to pay.
 4. Present the entire ABN form to your patient and be sure that he/she reads it in its entirety and understands it.
 5. Explain why you think the test(s) is/are medically appropriate.
 6. Have your patient personally select Option 1 or Option 2 on the ABN.
 7. Once the option is selected the patient must date and sign the form.
 8. Provide your patient with a copy of the signed ABN.
- Step 5. Submit the completed Advance Beneficiary Notice form with the completed requisition for those tests that the patient has agreed to receive.** Proceed with normal laboratory specimen submission procedures or direct the patient to a Sonora Quest Laboratories' Patient Service Center with the completed requisition and completed ABN form.

Fill in the Beneficiary's name and Medicare number

Patient's Name:

Medicare # (HICN):

ADVANCE BENEFICIARY NOTICE (ABN)

NOTE: You need to make a choice about whether you want to receive these laboratory tests.

We expect that Medicare will not pay for the laboratory tests described below. Medicare does not pay for all of your health care costs. Medicare rules are met. The fact that Medicare may not pay for a service does not mean that you should not receive it. There may be a good reason why Medicare probably will not pay for the laboratory tests described below.

Check off or write in the test(s) that have frequency limitations

Medicare does not pay for these tests as often as this (denied as too frequent)

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)
<input type="checkbox"/> AFP, Tumor Marker <input type="checkbox"/> CA 125, CA 15-3, CA 19-9, CA <input type="checkbox"/> CBC / Blood Counts <input type="checkbox"/> CEA <input type="checkbox"/> Cholesterol <input type="checkbox"/> Collagen Cross Links (NTx) <input type="checkbox"/> Culture, Urine (ID&Sens. if indicated) <input type="checkbox"/> Digoxin <input type="checkbox"/> Ferritin <input type="checkbox"/> Fructosamine <input type="checkbox"/> GGT <input type="checkbox"/> Glucose <input type="checkbox"/> hCG / Pregnancy or Tumor Marker <input type="checkbox"/> HDL Cholesterol <input type="checkbox"/> Helicobacter Pylori Testing, Stool <input type="checkbox"/> Hemoglobin A1C (HGB A1C) <input type="checkbox"/> Hepatic Function Panel <input type="checkbox"/> Hepatitis Panel (Acute) <input type="checkbox"/> HIV Testing - Diagnostic or Viral Load/Confirmation <input type="checkbox"/> Iron, IBC/TIBC, Transferrin <input type="checkbox"/> LDL Cholesterol, Direct <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Lithium	<input type="checkbox"/> CEA <input type="checkbox"/> Cholesterol <input type="checkbox"/> HDL <input type="checkbox"/> Hemoglobin A1C (HGB A1C) <input type="checkbox"/> Glucose <input type="checkbox"/> HIV Testing <input type="checkbox"/> LDL Cholesterol, Direct <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Occult Blood, Diagnostic or Screen <input type="checkbox"/> Pap Smear/ThinPrep Pap Test, Screen <input type="checkbox"/> PSA, Diagnostic or Screen <input type="checkbox"/> PT <input type="checkbox"/> T3 Uptake <input type="checkbox"/> T4 <input type="checkbox"/> T4 Free <input type="checkbox"/> TSH Other _____
<input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> Reticulocyte Count <input type="checkbox"/> Rheumatoid Factor Test <input type="checkbox"/> RPR / VDRL (Syphilis Test) <input type="checkbox"/> Sedimentation Rate <input type="checkbox"/> Theophylline <input type="checkbox"/> T3 Uptake <input type="checkbox"/> T4 (Thyroxine) <input type="checkbox"/> T4 Free <input type="checkbox"/> Triglycerides <input type="checkbox"/> TSH <input type="checkbox"/> Urinalysis / Microscopic Exam <input type="checkbox"/> Vitamin B12 Other _____	<p>Medicare does not pay for experimental or research use tests</p> <input type="checkbox"/> Apolipoprotein E Other _____

Check off or write in the test(s) that Medicare may not cover

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should **read this entire notice carefully.**

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you (**Estimated Cost: \$** _____), in case you have to pay for them yourself or through other insurance.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.

Option 1. YES. I want to receive these laboratory tests. I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. I understand that you may bill me for laboratory tests and Medicare does pay, you will refund my payment, I agree to be personally responsible for payment, either out of pocket or through any other insurance.

Option 2. NO. I have decided not to receive these laboratory tests. I will not receive these laboratory tests. I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify Medicare of my decision.

Be sure to have the beneficiary select Option 1 or Option 2

The Beneficiary must date and sign

Date _____ Signature of patient or person acting on patient's behalf _____

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. For information submitted to Medicare, we will provide information on this form only.