



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

46047510 - Polyclinic - SMG Remote

W 904 7TH AVE
SEATTLE, WA 98104
[P] (206) 329-1760 [F] (206) 860-2215

Send additional copy of report to:

Fax Call Mail

Client Number/Physician's Name _____ Phone/Fax Number _____

Physician's Address _____ City, State, Zip _____

8000.35

Ordering Provider

Patient's Legal Name (Last, First, MI) _____ Sex _____ Date of Birth MO _____ DAY _____ YR _____ Collection Time AM _____ PM _____ Fasting Yes No Collection Date MO _____ DAY _____ YR _____ Urine hrs/vol _____

Name:

NPI _____ Physician's ID # _____ Patient's ID # _____ Hospital Patient Status: In-Patient Out-Patient Non-Patient

NPI Required:

Physician's Name (Last, First) _____ Physician/Authorized Signature _____ Patient's Address _____ Phone _____

City _____ State _____ ZIP _____

Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service

Highest Specificity REQUIRED

Reportable Fax:

PRIMARY BILLING PARTY	SECONDARY BILLING PARTY
Insurance Carrier *	Insurance Carrier *
ID #	ID #
Group #	Group #
Insurance Address	Insurance Address
Name of Insured Person	Name of Insured Person
Relationship to Patient	Relationship to Patient
Employer Name	Employer Name
*If Medicaid State	Physician's Provider #
	Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Policy Holder (if different from patient) _____

Address of Policy Holder _____ APT # _____

City _____ State _____ ZIP _____

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature _____ Date _____

MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

TEST #	TEST NAMES

Insurance Bill Only

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY STAT VENIPUNCTURE NON LABCORP VERBAL ORDER CHART ORDER HANDWRITTEN 24 HR TUV PST/PSC # _____

ORGAN OR DISEASE PANELS		
See reverse for components		
322744	Acute Hepatitis Panel	80074 GEL
322758	Basic Metabolic Panel (8)	80048 GEL
322000	Comp Metabolic Panel (14)	80053 GEL
303754	Electrolyte Panel	80051 GEL
322755	Hepatic Function Panel (7)	80076 GEL
140301	Kidney Profile	82043 GEL ^{82570, 82565} (UFRN Cup)
303756	Lipid Panel	80061 GEL
235010	Lipid Panel w/LDL:HDL Ratio	80061 GEL
221010	Lipid Panel w/TC:HDL Ratio	80061 GEL
343925	Lipid Panel w/Non-HDL Cholesterol	80061 GEL
361946	Lipid Cascade	see reverse GEL (NMR)
363676	Lipid Cascade with Rfx to ApoB	See Reverse 80061 GEL
322777	Renal Function Panel	80069 GEL

ALPHABETICAL/COMBINATION TESTS CONT		
001016	Calcium	82310 GEL
006627	C-Reactive Protein (CRP), Quant	86140 GEL
120766	hsCardiac C-Reactive Protein (CRP)	86141 GEL
007419	Carbamazepine (Tegretol [®])	80156 SER
002139	CEA	82378 GEL
001065	Cholesterol, Total	82465 GEL
001370	Creatinine	82565 GEL
007385	Digoxin (Lanoxin [®])	80162 GEL
004515	Estradiol	82670 GEL
004598	Ferritin	82728 GEL
028480	FSH and LH	see reverse 83001 GEL ⁸³⁰⁰²
001958	GGT	82977 GEL
001818	Glucose, Plasma	82947 GRY
001032	Glucose, Serum	82947 GEL
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703 GEL
004416	hCG, Beta Subunit, Quant	84702 GEL
001925	HDL Cholesterol	83718 GEL
001453	Hemoglobin A1c	83036 LAV
006734	Hep A Antibody, IgM	86709 GEL
006395	Hep B Surface Antibody	86706 GEL
006510	Hep B Surface Antigen	87340 GEL
144050	HCV Ab w/Rfx to Quant. RT-PCR	86803 GEL
083935	HIV-1/0/2, 4th Generation	87389 GEL
180836	<i>H. pylori</i> Urea Breath	83013 see reverse
180764	<i>H. pylori</i> Stool Antigen	87338 Fecal (Trig)
001321	Iron and IBC	see reverse 83540 GEL ⁸³⁵⁵⁰
001115	LDH	83615 GEL
007708	Lithium (Eskalith [®])	80178 GEL
001537	Magnesium	83735 GEL

ALPHABETICAL/COMBINATION TESTS CONT		
006189	Mononucleosis Test, Qual	86308 GEL ⁸⁰⁰⁶¹
884247	NMR LipoProfile [®]	83704 NMR
007823	Phenobarbital (Luminal [®])	80184 SER
007401	Phenytoin (Dilantin [®])	80185 SER
001024	Phosphorus	84100 GEL
001180	Potassium	84132 GEL
004465	Prolactin	84146 GEL
010322	PSA	84153 GEL
480947	PSA, Free: Total Ratio*	84153 GEL ⁸⁴¹⁵⁴
005199	Prothrombin Time (PT)/INR	85610 BLU
020321	PT and PTT Activated	85610 BLU ⁸⁵⁷³⁰
005207	PTT Activated	85730 BLU
006502	Rheumatoid Arthritis Factor	86431 GEL
006072	RPR	86592 GEL
006197	Rubella Antibodies, IgG	86762 GEL
005215	Sed Rate, Westergren	85652 LAV
001198	Sodium	84295 GEL
004226	Testosterone, Total	84403 GEL
070001	Testosterone Women/Children	84403 GEL
007336	Theophylline	80198 SER
330015	Thyroid Cascade Profile	see reverse GEL
001149	Thyroxine (T ₄)	84436 GEL
001974	Thyroxine (T ₄), Free	84439 GEL
082345	<i>T. pallidum</i> Screening Cascade	see reverse GEL
001172	Triglycerides	84478 GEL
002188	Triiodothyronine (T ₃)	84480 GEL
001156	T ₃ Uptake	84479 GEL
004259	TSH, 3rd generation	84443 GEL
001057	Uric Acid	84550 GEL
003038	Urinalysis	81003 GEL ^{Microscopic on Positives}
081950	Vitamin D, 25-Hydroxy	82306 GEL

MICROBIOLOGY		
<input type="checkbox"/>	ENDOCERVIX	<input type="checkbox"/>
<input type="checkbox"/>	STOOL	<input type="checkbox"/>
<input type="checkbox"/>	OTHER SOURCE:	<input type="checkbox"/>
<input type="checkbox"/>	THROAT	<input type="checkbox"/>
<input type="checkbox"/>	URETHRA	<input type="checkbox"/>
<input type="checkbox"/>	URINE	<input type="checkbox"/>
008649	Aerobic Bacterial Culture †	87070 (Bact Trnspt)
008482	Fungus Culture †	87101 (Steril Trnspt)
008334	Genital Culture, Routine †	87070 (Bact Trnspt)
008540	Gram Stain	87205 (SLD)
188132	Grp B Strep Detect, NAA	87081 (Bact Trnspt)
188139	Grp B Strep Detect, NAA Rfx to 'suscept	87081 (Bact Trnspt)
182949	Occult Blood, Fecal, IA	82274 (Polymed St)
008623	Ova and Parasites	87177 (O & P St)
008144	Stool Culture †	87046, 87427 (Fecal Trnspt)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (Bact Trnspt)
008342	Upper Respiratory Culture, Routine	†87070 (Bact Trnspt)
008847	Urine Culture, Routine †	87086 (Urn Cult Trnspt)

NuSwab [®] Tests (check only one)		
180039	NuSwab [®] Vaginitis (VG)	See Reverse
180021	NuSwab [®] Vaginitis Plus (VG+)	See Reverse
180060	Bacterial Vaginosis, NAA	87798(x3)
180055	<i>C. albicans</i> & <i>C. glabrata</i> , NAA	87481(x2)
180010	Candida Six-species Profile, NAA	87481(x6)
183194	<i>Chlamydia/Gonococcus</i> , NAA ¹	87491
183160	Ct/Ng/Tv ¹	87591
180089	Genital Mycoplasmas, Swab	87798(x3)
188056	HSV 1 & 2, NAA	87529(x2)
188052	<i>Trichomonas vaginalis</i> , NAA ¹	87661

ENHANCED REPORTING		
910343	Chronic Kidney Disease Report	
910385	Cardiovascular Risk Assessment Report (Must order with 361946-Lipid Cascade, 884247-NMR LipoProfile, or lipid panel)	
†	= ID / Susceptibility at Additional Charge	
*	= Confirmation at Additional Charge	
1	= Also available with Aptima [®] urine	
Clinical Information/Comments		

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

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TEST COMBINATION / PANEL POLICY

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination/profile from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp® request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a microbiology test based on source.

PANELS & PROFILES

ABO and Rh When ordered as a profile CPT Codes used: 86900, 86901 When ordered individually use Test No. Components 006056 ABO Blood Grouping 86900 006064 Rh Typing 86901	Test No. 006049 When ordered as a profile CPT Codes used: 80053 When ordered and billed individually CPT Code used 001081 Albumin 82040 001107 Alkaline Phosphatase 84075 001545 ALT (SGPT) 84460 001123 AST (SGOT) 84450 001099 Bilirubin, Total 82247 001040 BUN 84520 001016 Calcium 82310 001206 Chloride 82435 001578 CO ₂ 82374 001370 Creatinine 82565 001032 Glucose 82947 001180 Potassium 84132 001073 Protein, Total 84155 001198 Sodium 84295	Comprehensive Metabolic Panel (14) Test No. 322000 When ordered as a profile CPT Codes used: 80053 When ordered and billed individually CPT Code used 001081 Albumin 82040 001107 Alkaline Phosphatase 84075 001545 ALT (SGPT) 84460 001123 AST (SGOT) 84450 001099 Bilirubin, Total 82247 001040 BUN 84520 001016 Calcium 82310 001206 Chloride 82435 001578 CO ₂ 82374 001370 Creatinine 82565 001032 Glucose 82947 001180 Potassium 84132 001073 Protein, Total 84155 001198 Sodium 84295	Hepatic Function Panel (7) Test No. 322755 When ordered as a profile CPT Codes used: 80076 When ordered and billed individually CPT Code used 001081 Albumin 82040 001107 Alkaline Phosphatase 84075 001545 ALT (SGPT) 84460 001123 AST (SGOT) 84450 001222 Bilirubin, Direct 82248 001099 Bilirubin, Total 82247 001073 Protein, Total 84155	Lipid Panel Test No. 303756 When ordered as a profile CPT code used: 80061 When ordered and billed individually CPT Code used 001065 Cholesterol, Total 82465 001172 HDL Cholesterol 84478 001925 LDL Cholesterol Calc 83718 - VLDL Cholesterol Calc NA - LDL Cholesterol Calc NA			
Acute Hepatitis Panel Test No. 322744 When ordered as a profile CPT Codes used: 80074 When ordered and billed individually CPT Code used 006734 Hep A Antibody (HAAb), IgM 86709 018881 Hep B core Antibody (HcAb), IgM 86705 006510 Hep B surface Antigen (HBsAg) 87340 140659 Hep C Virus Antibody (HCVAb) 86803	Test No. 183160 When ordered as a profile CPT Codes used: 87491, 87591, 87661 When ordered and billed individually CPT Code used 188078 <i>Chlamydia trachomatis</i> , NAA 87491 188086 <i>Neisseria gonorrhoeae</i> , NAA 87591 188052 <i>Trichomonas vaginalis</i> , NAA 87661	H pylori Urea Breath Test No. 180836 CPT 83013 • Pre-ingestion (blue bag) • Post-ingestion (pink bag) • Pranactin® breath samples (adults ≥ 18 years old only)	NuSwab® Vaginitis Plus (VG+) Test No. 180021 When ordered as a profile CPT Codes used: 87798(x3), 87481(x2), 87491, 87591, 87661 When ordered and billed individually CPT Code used 180060 Bacterial Vaginosis, NAA 87798(x3) 180055 <i>C. albicans</i> & <i>C. glabrata</i> , NAA 87481(x2) 188052 <i>Trichomonas vaginalis</i> , NAA 87661 188078 <i>Chlamydia trachomatis</i> , NAA 87491 188086 <i>Neisseria gonorrhoeae</i> , NAA 87591	B₁₂ and Folate Test No. 000810 When ordered as a profile CPT Codes used: 82607, 82746 When ordered and billed individually CPT Code used 001503 Vitamin B ₁₂ 82607 002014 Folate (Folic Acid) 82746	CT/Ng/TV Test No. 183160 When ordered as a profile CPT Codes used: 87491, 87591, 87661 When ordered and billed individually CPT Code used 188078 <i>Chlamydia trachomatis</i> , NAA 87491 188086 <i>Neisseria gonorrhoeae</i> , NAA 87591 188052 <i>Trichomonas vaginalis</i> , NAA 87661	Iron and IBC Test No. 001321 When ordered as a profile CPT Codes used: 83540, 83550 When ordered and billed individually CPT Code used 001339 Percent of Saturation NA - Serum Iron 83540 - Total Iron Binding Capacity NA 001348 Unsaturated Iron Binding Capacity 83550	NuSwab® Vaginitis (VG) Test No. 180039 When ordered as a profile CPT Codes used: 87798(x3), 87481(x2), 87661 When ordered and billed individually CPT Code used 180060 Bacterial Vaginosis, NAA 87798(x3) 180055 <i>C. albicans</i> & <i>C. glabrata</i> , NAA 87481(x2) 188052 <i>Trichomonas vaginalis</i> , NAA 87661
Basic Metabolic Panel (8) Test No. 322758 When ordered as a profile CPT Codes used: 80048 When ordered and billed individually CPT Code used 001040 BUN 84520 001016 Calcium 82310 001206 Chloride 82435 001578 CO ₂ 82374 001370 Creatinine 82565 001032 Glucose 82947 001180 Potassium 84132 001198 Sodium 84295	Electrolyte Panel Test No. 303754 When ordered as a profile CPT Codes used: 80051 When ordered and billed individually CPT Code used 001206 Chloride 82435 001578 CO ₂ 82374 001180 Potassium 84132 001198 Sodium 84295	Lipid Cascade Test No. 361946 • GEL and NMR Lipo tube required When ordered as a profile CPT code used: 80061 Reflex testing may add one or more of the following at an additional charge: 361959 LDL Cholesterol, Direct 83721 84280 Lipoprotein analysis by NMR 83704 When ordered and billed individually CPT code used 001065 Cholesterol, Total 82465 001172 HDL Cholesterol 84478 001925 LDL Cholesterol Calc 83718 - LDL/HDL Ratio NA - Non-HDL Cholesterol Calc NA 884318 Lipoprotein analysis by NMR 83704	Renal Function Panel Test No. 322777 When ordered as a profile CPT Codes used: 80069 When ordered and billed individually CPT Code used 001081 Albumin 82040 001040 BUN 84520 001016 Calcium 82310 001206 Chloride 82435 001578 CO ₂ 82374 001370 Creatinine 82565 001032 Glucose 82947 001024 Phosphorus 84100 001180 Potassium 84132 001198 Sodium 84295	CBC w/o Diff w/o PIT Test No. 005017 When ordered as a profile CPT Codes used: 85014, 85018, 85041, 85048 or G0307 When ordered and billed individually CPT Code used 005058 Hematocrit 85014 005041 Hemoglobin 85018 005033 RBC Count 85041 005025 WBC Count 85048	FSH and LH Test No. 028480 When ordered as a profile CPT Codes used: 83001, 83002 When ordered and billed individually CPT Code used 004309 Follicle-stimulating Hormone (FSH) 83001 004283 Luteinizing Hormone (LH) 83002	Lipid Cascade with Rfx to Apolipoprotein B Test No. 363676 When ordered as a profile CPT code used: 80061 Reflex testing may add one or more of the following at an additional charge: 361959 LDL Cholesterol, Direct 83721 167015 Apolipoprotein B 82172 When ordered and billed individually CPT code used 001065 Cholesterol, Total 82465 001172 HDL Cholesterol 84478 001925 LDL Cholesterol Calc 83718 - LDL/HDL Ratio NA - Non-HDL Cholesterol Calc NA	Thyroid Cascade Profile Test No. 330015 CPT Code TSH 84443 Reflex testing may add one or more of the following (at additional charge): 001974 Thyroxine, Free, Direct 84439 010389 Triiodothyronine (T ₃) Free 84481 006676 Thyroid Peroxidase (TPO) Ab 86376
CBC w Diff w/o PIT Test No. 115907 When ordered as a profile CPT Codes used: 85014, 85018, 85041, 85048, 85004 or G0306 When ordered and billed individually CPT Code used 005058 Hematocrit 85014 005041 Hemoglobin 85018 005033 RBC Count 85041 005025 WBC Count 85048 015173 Differential/Total WBC Count 85004, 85048	Genital Mycoplasma Profile Test No. 180089 When ordered as a profile CPT Codes used: 87798(x3) When ordered and billed individually CPT Code used 180076 Mycoplasma genitalium 87798 - Mycoplasma hominis 87798 - Ureaplasma spp 87798	Lipid Cascade with Rfx to Apolipoprotein B Test No. 363676 When ordered as a profile CPT code used: 80061 Reflex testing may add one or more of the following at an additional charge: 361959 LDL Cholesterol, Direct 83721 167015 Apolipoprotein B 82172 When ordered and billed individually CPT code used 001065 Cholesterol, Total 82465 001172 HDL Cholesterol 84478 001925 LDL Cholesterol Calc 83718 - LDL/HDL Ratio NA - Non-HDL Cholesterol Calc NA	T. pallidum Screening Cascade Test No. 082345 When ordered as a profile CPT code used: 86780 Reflex testing may add one or more of the following at an additional charge: 006099 Rapid Plasma Reagin (RPR), Qual 86592 When ordered and billed individually CPT code used 032370 <i>T. pallidum</i> Antibodies 86780 006072 Rapid Plasma Reagin (RPR), Qual 86592 006460 Rapid Plasma Reagin (RPR), Quant 86593				

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ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

- Diagnose.** Determine your patient's diagnosis.
- Document.** Write the diagnosis code(s) on the front of the requisition.
- Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity. For your convenience, the National Coverage Determinations are listed below.

National Coverage Determinations as of 04/01/2018

Alpha-Fetoprotein: 82105
 Blood Counts: 85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049
 Blood Glucose Testing: 82947, 82948, 82962
 Carcinoembryonic Antigen (CEA): 82378
 Cardiovascular Disease Screening: 80061, 82465, 83718, 84478
 Collagen Cross Links, Any Method: 82523
 Colorectal Cancer Screening: 81528, 82270, G0328
 Cytogenetic Studies: 88230-88299
 Diabetes Screening Tests: 82947, 82950, 82951
 Digoxin Therapeutic Assay: 80162
 Fecal Occult Blood: 82272
 Gamma Glutamyltransferase (GGT): 82977
 Glycated Hemoglobin: 83036
 Glycated Protein: 82985
 Hepatitis Panel / Acute Hepatitis Panel: 80074
 Histocompatibility Studies: 86812, 86813, 86816, 86817, 86821, 86822, 86825, 86826
 Human Chorionic Gonadotropin (hCG): 84702
 Human Immunodeficiency Virus (HIV) Infection Screening: G0432, G0433, G0435, G0475

Human Immunodeficiency Virus (HIV) Testing (Diagnosis): 86689, 86701, 86702, 86703, 87390, 87391, 87534, 87535, 87537, 87538
 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring): 87536, 87539
 Lipids: 80061, 82465, 83700, 83701, 83704, 83718, 83721, 84478
 Lymphocyte Mitogen Response Assays: 86352, 86353
 Pap Smears, Diagnostic: 88141-88175
 Pap Smears, Screening: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001
 Partial Thromboplastin Time (PTT): 85730
 Prostate Cancer Screening Test: G0103
 Prostate Specific Antigen: 84153
 Prothrombin Time: 85610
 Screening for Cervical Cancer with Human Papillomavirus (HPV) Testing: G0476
 Screening for Hepatitis C Virus (HCV) in Adults: G0472
 Screening for Sexually Transmitted Infections (STIs): 86592, 86593, 86631, 86632, 86780, 87110, 87270, 87320, 87340, 87341, 87490, 87491, 87590, 87591, 87800, 87810, 87850
 Serum Iron Studies: 82728, 83540, 83550, 84466
 Sweat Test: 82438, 89230
 Thyroid Testing: 84436, 84439, 84443, 84479
 Tumor Antigen by Immunoassay CA 15-3 & CA 27.29: 86300
 Tumor Antigen by Immunoassay CA 19-9: 86301
 Tumor Antigen by Immunoassay CA 125: 86304
 Urine Bacterial Culture: 87086, 87088

- Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.
 *An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

- Be executed on the CMS approved ABN form (CMS-R-131)
- Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
- Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
- Include an estimated cost for the test(s)/procedure(s) subject to the ABN
- Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
- Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered