

Patient Name: _____ **Identification Number:** _____

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for test(s) 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 test(s) below.

Test	Reason Medicare May Not Pay:	Estimated Cost:
<input type="checkbox"/> Apolipoprotein E (ApoE) Genotype (CPT 81401)	Not a covered service	Pre-payment Required \$50 for the first genetic test and \$10 to \$25 for every additional genetic test per requisition.
<input type="checkbox"/> Clopidogrel Response (CYP2C19) Genotype (CPT 81225)	May not be covered for your condition	
<input type="checkbox"/> Factor II (Prothrombin) Genotype (CPT 81240)	Not a covered service	
<input type="checkbox"/> Factor V Leiden Genotype (CPT 81241)	Not a covered service	
<input type="checkbox"/> MTHFR Genotype (CPT 81291)	Not a covered service	
<input type="checkbox"/> SLCO1B1 Genotype (CPT 81328)	Not a covered service	
<input type="checkbox"/> LPA Genotype (CPT 81479)	Not a covered service	
<input type="checkbox"/> KIF6 Genotype (CPT 81479)	Not a covered service	
<input type="checkbox"/> 9p21 Genotype (CPT 81479)	Not a covered service	
<input type="checkbox"/> 4q25 Genotype (CPT 81479)	Not a covered service	
<input type="checkbox"/> Haptoglobin Hp1 and Hp2 Allele Genotyping (CPT 81479)	Not a covered service	

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 test(s) 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 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 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 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: Based on local coverage determinations issued by Palmetto, Medicare only pays for these tests in very rare circumstances. Based on our experience those circumstances rarely if ever apply to these patients who request these tests from our laboratory. **For additional information please call Boston Heart at the number listed above. 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: _____
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You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

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.