

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

- 1. Diagnose.** Determine your patient's diagnosis.
- 2. Document.** Write the diagnosis code(s) on the front of this requisition.
- 3. Verify.** Determine if the laboratory test(s) ordered for the patient is subject to the 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.
- 4. Review.** If the diagnosis code for your patient **does not** meet the medical necessity requirements set forth by Medicare or the test 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 must be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid, an ABN must:

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

Patient, client, and billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to Determining Necessity of ABN Completion on reverse.

Symbols Legend

@ = Subject to Medicare medical necessity guidelines

^ = Medicare deems investigational. Medicare does not pay for services it deems investigational.

★Codons included in Colorectal Cancer Mutation Testing:

KRAS/NRAS

- Exon 2 Codons 12 and 13
- Exon 3 Codons 59 and 61
- Exon 4 Codons 117 and 146

Oncomine® Dx Target Test - Gene List

EGFR	AKT1	DDR2	FGFR2	KIT	MAP2K2	NRAS	RAF1
RO1	ALK*	ERBB2	FGFR3	KRAS	MET*	PGFRA	RET*
BRAF	CDK4	ERBB3	HRAS	MA2K1	MTOR	PIKCA	

*The test reports fusion/translocation variants for ROS1 only. The test reports ALK, MET, RET mutations and does not report ALK, MET, and RET fusions/translocations.

IntelliGEN® Gene List

ABLI	BRAF	EGFR	FGFR1	GNAQ	IDH2	KRAS	NPM1	PTPN11	SMO
AKT1	CDH1	ERBB2	FGFR2	GNAS	JAK2	MET	NRAS	RB1	SRC
ALK	CDKN2A	ERBB4	FGFR3	HNF1A	JAK3	MLH1	PDGFRA	RET	STK11
APC	CSF1R	EZH2	FLT3	HRAS	KDR	MPL	PIK3CA	SMAD4	TP53
ATM	CTNNB1	FBXW7	GNAI1	IDH1	KIT	NOTCH1	PTEN	SMARCB1	VHL

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