ApoE Genotype (CPT 81401)	A. Notifier:  B. Patient Name:	C. Identification Number:		
Medicare doesn't pay for D	Advance Beneficiary Notice of Noncoverage (ABN)			
Medicare does not pay for everything, even some care that you or your health care provider hat good reason to think you need. We expect Medicare may not pay for the D				
D.   E. Reason Medicare May Not Pay:   F. Estima Cost				
D.				
ApoE Genotype (CPT 81401)  CYP2C19 Genotype (CPT 81225)  MTHFR Genotype (CPT 81224)  Factor II Prothrombin (CPT 81240)  Dihydrotestosterone (CPT 80327)  GlycoMark® (CPT 84378)  GlycoMark® (CPT 84378)  Choserage limited to once a lifetime.  Ask us any questions that you may have after you finish reading.  Choose an option below about whether to receive the D.  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.  G. OPTIONS: Check only one box. We cannot choose a box for you.  GPTION 1. I want the D.  I listed above. You may ask to be paid now, but I can appeal to Medicare by flodwing the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.  GPTION 3. I don't want the D.  listed above, but do not bill Medicare. You may a to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.  GPTION 3. I don't want the D.  listed above, L understand with this choice I not responsible for payment. I cannot appeal to see if Medicare would pay.				
CYP2C19 Genotype (CPT 81225)   Factor V Leiden (CPT 81291)   Factor V Leiden (CPT 81241)   Coverage limited to once a lifetime.   \$ 83.16   Sp.55     Factor V Leiden (CPT 81241)   Coverage limited to once a lifetime.   \$ 83.16     Dihydrotestosterone (CPT 80327)   Routine General Medical Exam/Test   Not covered by Medicare.   Not covered by Medicare.   \$ 45.00   \$ 50.00-\$10     GlycoMark® (CPT 84378)   Not covered by Medicare.   \$ 14.00     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.   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.     G. OPTIONS: Check only one box. We cannot choose a box for you.     OPTION 1. I want the D.   listed above. You may ask to be paid now, 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 D.   listed above, but do not bill Medicare. You may a 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 D.   listed above. I understand with this choice I not responsible for payment, and I cannot appeal to see if Medicare would pay.		, , , , , , , , , , , , , , , , , , , ,		
MTHFR Genotype (CPT 81291)			· ·	
Factor II Prothrombin (CPT 81240)   Factor V Leiden (CPT 80327)   Dihydrotestosterone (CPT 80327)   Routine General Medical Exam/Test   Not covered by Medicare: Diagnostic Codes ICD-10 Z00.00, Z00.01, Z00.50, Z00.70, Z00.71, Z00.80.   Not covered by Medicare: Diagnostic Codes ICD-10 Z00.00, Z00.01, Z00.50, Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   \$14.00    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 D 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.  G. OPTIONS: Check only one box. We cannot choose a box for you.  OPTION 1. I want the D listed above. You may ask to be paid now, but I awant 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 D listed above, but do not bill Medicare. You may a 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 D listed above. I understand with this choice I not responsible for payment, and I cannot appeal to see if Medicare would pay.				
Factor V Leiden (CPT 81241)   Dihydrotestosterone (CPT 80327)   Routine General Medical Exam/Test   Not covered by Medicare: Diagnostic Codes ICD-10 Z00.00, Z00.01, Z00.50, Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.70, Z00.71, Z00.80.   Not covered by Medicare.   S 50.00-\$10 Z00.71, Z00.80.   Not covered by Medicare.   S 60.00-\$10 Z00.71, Z00.80.   S 60.00-\$10 Z00.71, Z00.80.   S 60.00-\$10 Z00.71, Z00.71, Z00.70,			3	
Dihydrotestosterone (CPT 80327)   Routine General Medical Exam/Test   Not covered by Medicare: Diagnostic Codes ICD-10 Z00.00, Z00.01, Z00.50, Z00.70, Z00.71, Z00.80.   \$14.00			1 -	
Routine General Medical Exam/Test GlycoMark® (CPT 84378) GlycoMark® (CPT 84378) Not covered by Medicare: Diagnostic Codes ICD-10 Z00.00, Z00.01, Z00.50, Z00.70, Z00.71, Z00.80. Not covered by Medicare.  **Not covered by Medicare.**  **Not covered by Medicare.**  **14.00*  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 D 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.  G. OPTIONS: Check only one box. We cannot choose a box for you.  GPTION 1. I want the D listed above. You may ask to be paid now, but I a 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.  GPTION 2. I want the D listed above, but do not bill Medicare. You may a to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.  GPTION 3. I don't want the D listed above. I understand with this choice I not responsible for payment, and I cannot appeal to see if Medicare would pay.		e e	·	
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GlycoMark® (CPT 84378)		, , , , , , , , , , , , , , , , , , , ,		
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H. Additional Information:		iniot appear to see it intenicate would p	uy.	

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.

I. Signature: J. 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.