

Medicare Beneficiaries: Read This Before You Have Labs Drawn

Dear Patient,

Rutland Regional Medical Center will begin a new administrative procedure at their labs starting in late June this year. It is important that you understand this change to avoid unexpected out of pocket expenses.

In an effort to avoid wasteful spending, Medicare requires that doctors provide reasons for ordering tests for their patients. They also set limits on how frequently certain tests can be done. Laboratory facilities are responsible for assuring that each test requested is justified by the list of diagnoses accompanying the request, and that it falls within an acceptable timeframe. Any lab test ordered, but not supported by the order form will not be paid by Medicare. As of June 29, 2015, RRMC lab stations will be reviewing order forms to comply with this Medicare policy.

When you present to an RRMC laboratory facility, your lab order will be reviewed by facility staff. If they determine that a particular test is not justified by the available data, they will hand you an advanced beneficiary notice (ABN). The ABN is a document stating that you may choose to pay out of pocket for the test in question, or you may choose to not have the test done. They will also inform you of the estimated out of pocket cost of the test.

The Medicare regulations relating to ABN are very complicated. Although the lab facilities will be using software to verify their compliance of lab order requests, the same software has not been made widely available to physicians to use at the time the orders are generated. Furthermore, given the incomplete communication between medical institutions, doctors will not always be aware of labs that were done outside their facility or network. Though we are working hard to provide all the necessary information to comply with ABN regulations, it is likely that at least a few of you will receive ABNs, especially early in the transition process.

If you are presented with an ABN at the hospital lab, the lab staff will call our office to see if your provider is immediately available:

- If so, we'll review the order and recommend a course of action. We might be able to supply sufficient information to nullify the ABN, arrange alternative testing, or postpone that particular test. If absolutely necessary, we'll discuss why we'd recommend that you pay for the test.
- If the provider is not immediately available for a phone consultation, we recommend that you **decline** to have the test performed. If time allows, you may choose to have **none** of the tests done, and review the ABN with your provider before having any labs drawn. When you call or email to discuss the ABN, be sure to have the form with you.

As always, our first priority is to provide you with exemplary medical care and service that is incisive, timely and comprehensive. We are also mindful of the price of medical tests and treatments, and will make every effort to help you avoid unnecessary costs. Thank you in advance for your patience during the Medicare ABN implementation.

Sincerely,

Seth Coombs, MD * Bruce Bullock, MD * Suzanne Jones, PA-C