

A. Notifier: Thousand Oaks Pathology Associates

Tax ID: 770375548

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Non-coverage (ABN)

NOTE: If Medicare doesn't pay for **D. Pap test and/or ancillary tests** 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 **D. Pap test and/or ancillary tests** below.

| D. Testing Options ordered by physician | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|--|---|---|
| <p>[] Screening ThinPrep Pap test screened by automated system and manual rescreening under pathologist supervision (G0145) with possible pathologist review (G0124) dependent on results.</p> <p>Ancillary Testing</p> <p>[] HPV - 87624 [] Gonorrhea - 87591 [] Chlamydia - 87491</p> | <p>Medicare covers screening pap tests once every 24 months in most cases. If you're at high risk for cervical or vaginal cancer, or if you're of child-bearing age and had an abnormal Pap test in the past 36 months, Medicare covers these screening tests once every 12 months.</p> <p>Part B also covers Human Papillomavirus (HPV) tests (as part of a Pap test) once every 5 years if you're age 30-65 without HPV symptoms. Medicare coverage for gonorrhea/chlamydia testing is limited to high-risk patients only</p> | <p>ThinPrep Pap Test:</p> <p>G0145 \$30.00 G0124 \$11.00</p> <p>Ancillary Testing:</p> <p>87624 \$35.00 87591 \$35.00 87491 \$35.00</p> <p>(2022 Medicare Allowable)</p> |

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. Pap test and/or ancillary tests** 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.

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| G. OPTIONS: Check only one box. We cannot choose a box for you. |
| <p><input type="checkbox"/> OPTION 1. I want the D. <u>Pap test and/or ancillary tests</u> 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.</p> <p><input type="checkbox"/> OPTION 2. I want the D. <u>Pap test and/or ancillary tests</u> 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.</p> <p><input type="checkbox"/> OPTION 3. I don't want the D. <u>Pap test and/or ancillary tests</u> listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.</p> |

H. Additional Information:

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: |
|----------------------|-----------------|

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](https://www.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.