

Medical Necessity

The **Coverage** tab will display the reason for denial and the tests/ICD codes involved.

- Click the **Back** button to return to the Diagnosis tab.
- Click the **Resolve Dx** button to view and select acceptable (qualifying) codes. This will **add** the code to the order and clear the medical necessity warning. (The unacceptable code will **not** be removed from the order.)
- Click the **Next** button to view and print the ABN.

If Medical Necessity is not resolved, an Advanced Beneficiary Notice (ABN) will print where appropriate.

Sample Advanced Beneficiary Notice

Laboratory Page 1 of 1
 289 Cedar Lane Teaneck, NJ 07666 LAB COPY
 800-229-5227

Patient Name: Test, Apple **Identification Number:** CE172840009904

ADVANCE BENEFICIARY NOTICE OF Noncoverage (ABN)

NOTE: If Medicare doesn't pay for the **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(s)	Reason Medicare May Not Pay:	Estimated Cost:
TRANF TRANSFERRIN	Medicare does not pay for this test for your condition	\$0.00

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 **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.

Create Manifest Lists

Click the **New Manifest** link under the **Orders** header.

A list of all pending orders for your location will appear on the screen. Use the filter dropdowns (Lab, Requisition Type, Location, Date Range) to adjust the orders list.

Initially, all pending orders will be selected (checked box). Uncheck all or individual orders as needed. Once you have all of the pending orders selected that you want to appear in your manifest list, click the **Print Manifest** button at the bottom of the page.

Click the **Manifest List** link under the Orders header. The Manifest Summary page will appear.



Brooklyn Navy Yard, Building 292, Suite 417
 63 Flushing Avenue, Brooklyn, NY 11205
 Phone. 718.435.7200 Fax. 718.435.0251
 Email. info@shermanabramslab.com

www.ShermanAbrams.com

Copyright Notice

CareEvolve, 200 Riverfront Dr., Elmwood Park, NJ 07407
 Copyright © 2019 CareEvolve. All rights reserved.
 This document is protected by the copyright laws as an unpublished work.



Quick Reference Guide



User Name:

Password:

Location:

