



Dear providers,

Inova Laboratories (IL) is proud to serve the Northern Virginia community as the only full-service reference laboratory. Each year we disclose information about our billing practices and compliance policies as required.

This letter provides information addressing various policies that affect ordering, performing, and billing clinical laboratory tests. Details regarding IL policies are attached.

Lucy Nam, MD, is our Medical Director and Clinical Consultant. She can be reached at 703.645.6175 for questions about testing.

If you would like more information about the topics covered in this compliance communication, I may be contacted at 703.645.6192 or by email at beth.deaton@inova.org. If you have questions about any services we offer, please contact our Client Service department at 703.645.6175 and they can connect you with a Marketing Representative. Additionally, more information is available on our website at inova.org/labs.

Sincerely,

A handwritten signature in blue ink that reads "B. Deaton".

Beth Deaton
Director, Administrator Reference Lab
Inova Laboratories

Contact Information
Inova.org/labs

2832 Juniper Street
Fairfax, VA 22031

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Advanced Beneficiary Notices

An Advanced Beneficiary Notice (ABN) should be completed if any laboratory tests ordered for a Medicare patient are not accompanied by a diagnosis code eligible for coverage by Medicare. Medicare will only pay for tests that it determines are “reasonable and necessary.” Before Laboratory testing is performed, the beneficiary should be notified in writing with an ABN if any testing will not be paid for by Medicare. After reviewing the ABN, the beneficiary may sign the ABN agreeing to receive the service and pay for it, or not receive services. The ABN must clearly identify the test, the estimated cost, and give the reason that payment is likely to be denied. It must also be signed and dated. Requesting an ABN from all Medicare patients or requesting beneficiaries to sign a blank ABN are unacceptable practices.

Medical Necessity

Claims submitted for laboratory testing will only be paid by Medicare if the service is covered, reasonable and necessary for the beneficiary given their clinical condition. Medicare may deny payment for tests a physician believes is appropriate, but does not meet the Medicare coverage criteria, such as for screening. ICD-10 CM diagnosis codes must be provided for each test ordered. A full list of limited coverage policies and approved by diagnosis codes can be found at:

National Coverage Decisions (NCD)

For more details, click [here](#).

Local Coverage Decisions (LCD)

For more details, click [here](#).



IL Requisition



2832 JUNIPER STREET • FAIRFAX, VA 22031

Specimen Pickup - Lab Results (703) 645-6175

inova.org/labs

Date Collected:	Time Collected:	Collected By:	Time Centrifuged:
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BARCODE POSITION

ATTACH INSURANCE CARDS

STAT ☐ BILL: ☐ OFFICE ☐ PAT. INSURANCE ☐ PATENT

PATIENT LAST NAME		FIRST NAME		M
SEX (M-F)	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY #	PHONE	RACE
ADDRESS			CITY	STATE ZIP
PRIMARY BILLING PARTY		ORDERING PHYSICIAN		
INSURANCE CARRIER		Physician's Name		
POLICY #		LAST FIRST		
GROUP/ENROLLMENT CODE		ATTACH INSURANCE CARDS		
INSURANCE ADDRESS				
SUBSCRIBER		SUBSCRIBER'S DATE OF BIRTH		
☐ FAX TO				

CPT	Test Code	Alphabetical Listing	T	ICD	CPT	Test Code	Alphabetical Listing	T	ICD	CPT	PANEL	ICD	
86038 86039	ANAR	ANA W/REFLEX TO TITER AND PATTERN	S		83726	MAG	MAGNESIUM	S		83048	BMP	BASIC METABOLIC PANEL BUN,CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM	
82348	BLUD	BILIRUBIN, DIRECT	S		86735	MUMGS	MUMPS Ab, IgG	S			83053	CMP	COMPREHENSIVE METABOLIC PANEL ALBUMIN, ALK PHOS, ALT, AST, BMP, BILIRUBIN TOTAL, TOTAL PROTEIN
83886	BNP	BNP (ON ICE REQUIRED)	L		82570	UMALR	MICROALBUMIN, RANDOM URINE	U		83069		RENAL	RENAL FUNCTION PANEL Albumin, BUN, Calcium, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium
85025	CHCA	CBC AUTO/DP	L		84132	K	POTASSIUM	S			83076	LIVER	HEPATIC FUNCTION PANEL Albumin, ALK PHOS, ALT, AST, A/G Ratio, Bilirubin Total-Direct, Bilirubin Indirect, Globulin, Protein Total
85027	CBC	CBC NO DIFF	L		84153	PSA	PROSTATE SPECIFIC Ag	S		83081		LIPID	LIPID PANEL Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides
86140	CRP	C-REACTIVE PROTEIN	S		85100	PT	PT & INR ROOM TEMP REQUIRED	B			CPT	MICROBIOLOGY/MOLECULAR	ICD
86162	DIG	DIGOXIN	S		85730	APTT	APTT ROOM TEMP REQUIRED	B		83493	CDIFF	C difficile toxin by PCR (No Formed Stool)	
86185	DLE	DILANTIN-PHENYTOIN	S		86480	QNTTB	QUANTIFERON TB GOLD (Refrigerated)	SP		83570	CMBS	Culture, Respiratory	
82728	FBR	PERITON	S		86752	RUBEG	RUBELLA, IgG	S		83583	CMTH	Culture, Throat	
82746	POLAT	POLATE	S		86755	RUBED	RUBELLA-A, IgG	S		83586	CMUN	Culture, Urine Circle One: Clean Catch, Foley, Ind/Dst	
82977	GGT	GGT	S		85651	CSR	SED RATE	L		83570	CMND	Culture, Wound Aerobic Bacteria	
82947	GLU	GLUCOSE, RANDOM	G		86780	SPGGM	SPINULE SCREEN W/REFLEX TO RPR TITER	S		83575	CMAN	Culture, Wound Anaerobic Bacteria	
82947	GLUF	GLUCOSE, FASTING	G		84481	T3FRE	T3 FREE	S		83576	PCST	PCR Stool (Salmon, Shig/EGEC, Campy, Shiga Toxin)	
84702	HCGQT	HCG, QUANTITATIVE	S		84439	T4FRE	T4 FREE	S		83495	CTSC	Chlamydia/PCR Circle: Urine, Vaginal, Cervical	
83718	HDL	HDL CHOLESTEROL	S		84443	TSH	TSH	S		83583	CMAB	Culture, Group B Strep	
83036	HBA3G	HEMOGLOBIN A1c	L		84550	URIC	URIC ACID	S		83585	CMAB	Culture, MRSA - Circle One: Throat, Nose	
86709	HAVM	HEPATITIS A Ab, IgM	S		81003	UA	URINALYSIS, REFLEX MICROSCOPIC	U		SITE/SOURCE OF CULTURES (REQUIRED):			
86708	HAVS	HEPATITIS A Ab, IgG	S		81001	UAMIC	URINALYSIS WITH MICROSCOPIC	U					
86704	HBCI	HEPATITIS B CORE Ab, TOTAL	S		81008	UAMIX	URINALYSIS WITH REFLEX TO CULTURE	U					
86705	HBCM	HEPATITIS B CORE Ab, IgM	S		81005	UAMIX	URINALYSIS WITHOUT MICROSCOPIC	U					
83627	HBSAB	HEPATITIS B SURF Ab	S		83607	B12	VITAMIN B12	S					
83740	HBSAG	HEPATITIS B SURF Ag	S		83306	VITD	VITAMIN D, 25 OH, TOTAL	S					
86303	HCYAB	HEPATITIS C Ab	S										
87369	HIV4	HIV Ag/Ab 4th Gen.	S										
83540	IRON	IRON	S										
83540	IRONP	IRON PROFILE (IRON/TIBC)	S										
CPT	Test Code	Additional Tests	T	ICD									

Notice to Physicians:
Diagnostic codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered.
Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient.
Medicare does not reimburse for non-covered services.

Notice to Physicians:

Diagnostic codes must be provided for each test ordered. Only tests you believe are appropriate for patient care should be ordered. Medicare will only pay for tests that are medically necessary for the diagnosis and treatment of the patient. Medicare does not generally cover routine screening tests.

1106924	DOB: / /	1106924	DOB: / /	1106924	DOB: / /
Pl. Full Name:		Pl. Full Name:		Pl. Full Name:	
Collected Date: / /	Time: :	Collected Date: / /	Time: :	Collected Date: / /	Time: :
BY:		BY:		BY:	
1106924	DOB: / /	1106924	DOB: / /	1106924	DOB: / /
Pl. Full Name:		Pl. Full Name:		Pl. Full Name:	
Collected Date: / /	Time: :	Collected Date: / /	Time: :	Collected Date: / /	Time: :
BY:		BY:		BY:	

FPO - Label Position

FOR OFFICIAL USE ONLY			
T=Tube Type	___S-SST	___U-Ur Cup	___G-Gray
___R-Red	___U-UA Tube	___G-Green	___O&P
___L-Lav	___U-CX Tube	___Y-Yellow	___Stool
___B-Blue	___24 Hr Urine	___Micro-	___Serum
Spec. Room:	[] Room Temp	[] Refrig	
	[] Frozen	[] Light Protected	



Reflex Test List

Test Order	CPT Code	Reflex Test	CPT Code	2023 Medicare Reimb
ANA screen with reflex	86038	Titer and Pattern	86039	11.16
HCV Antibody	86803	HCV PCR	87522	42.84
Hepatitis B Surface Antigen	87340	Hepatitis B Surface Ag Neutralization	87341	10.33
HIV Ag/AB, 4th Generation	87389	HIV differentiation, if HIV Ag/Ab 4th generation is reactive HIV-1 RNA Quant, if HIV differentiation is invalid	86701 86702 87536	8.89 13.52 85.10
ELECTROPHORESIS, SERUM	84165	Immunofixation Electrophoresis	86334	22.34
ELECTROPHORESIS, URINE	84166	Immunofixation Electrophoresis	86335	29.35
LYME DISEASE (IgG, IgM)	86618 X2	WESTERN BLOT	86617	15.49
PSA Total with reflex	84153	PSA Free	84154	18.39
TSH with reflex	84443	T4 Free	84439	9.02
CBC with Differential	85025	CBC with Manual Differential	85027 85007	6.47 3.80
CBC with Differential	85025	CBC WITH DIFF + RBC MORPHOLOGY		No charge
Bacterial Cultures	Various	Susceptibility Testing Organism Identification Culture Typing PBP2 Testing	87186 87077	8.65 8.08
Fungal Cultures	87103	Fungal Smear Fungal Identification Specimen Concentration Specimen Homogenization	87106	10.32



AFB Cultures	87116	Acid Fast Smear Susceptibility Testing Specimen Concentration Specimen Homogenization M.tb by TMA Mycobacterial Identification	87186	8.65
Stool Cultures	87045	Campylobacter Ag Dection Testing Shiga-like Toxin	87449	11.98
Cryptococcal AG	86403	Cryptococcal antigen titer	86403	11.54
Strep Screen	87430	Throat Culture	87081	6.63

Panel Test

Test Order	CPT Code	Reflex Test	CPT Code	2023 Medicare Reimb
RPR	86592	RPP Titer FTA-Abs	86593 86780	4.40 13.24
Wound/Body Fluid/Biopsy Culture	87070	Gram Stain	87206	5.39
CSF Culture	87070	Gram Stain	87206	5.39
Sputum Culture	87070	Gram Stain	87206	5.39
Bronchial Culture	87070	Gram Stain	87206	5.39
ANA (ANAF, ANAFI)	86038	Titer and Pattern	86039	11.16
ANA (ANAFI)	86038	Extractable Nuclear Antigen Antibodies (Reflex)	86235 x 8 83516 x 3 86225	17.93 x 8 11.53 x 3 13.74
Urinalysis	81003	Microscopic Exam	81001	3.17
UAMRX- Urinalysis with reflex to culture	81003	Urine Culture	87086	8.07
Pap with HPV reflex	G0145 88175	HPV	87624	35.09



Pathologist interpretation with written report will be added based on laboratory reflex criteria				
Crystal ID	89060			19.42
Malaria / Parasite Identification	87207			19.42
Peripheral blood smear interpretation	85060			26.82
Platelet aggregation / alloimmunization	85576			19.42
CSF electrophoresis	84166			19.42
Immunofixation of serum, urine or CSF	86334			19.42
Protein electrophoresis	84165			19.42
Special Co-ag	85390			39.60
COVID Antibodies	80500			24.45
ANA	80500			24.45
HBA1C	85060			26.82



ORDERSET NAME	DISPLAY NAME	CPT	MEDICARE REIMBURSEMENT
IHS AMB INOVA LAB FEMALE HORMONE PANEL	Female Hormone Panel (E2, Prog, FSH, LH, Testo, DHEA)	82670	27.94
		84144	20.86
		83001	18.58
		83002	18.52
		84403	25.81
		82627	22.23
IHS AMB INOVA LAB IMMUNOGLOBULINS A/E/G/M	Immunoglobulins A/E/G/M	82784 X 3 82785	9.30 x 3 16.46
IHS AMB INOVA LAB MALE HORMONE PANEL	Male Hormone Panel	84402	25.47
		84403	25.81
		84270	21.73
		82627	22.23
		82670	27.94
ORDERSET NAME	DISPLAY NAME	CPT	MEDICARE REIMBURSEMENT
Complement Component C3c, C4c	C3C4	86160 X 2	12.00 x2
FSH and LH	FSHLU	83001 83002	18.58 18.52
IHS CSF FLUID LAB PANEL TUBE 2	Inova CSF Tube 2	82495 84157 88108	20.28 4.00 48.49
IHS LAB PANEL CSF LABS	CSF Labs	89051 x 2	5.60 x2
		82495	20.28
		84157	4.00
		87070	8.62
		87205	4.27
		87529	35.09 x2
		x 2	35.09
		87498	



IRL Arthritis Panel	ARTHP (CMP, CRP, ESR, RF)	80053 86140 85652 86431	10.56 5.18 2.70 5.67
IRL Fatigue Panel	FATIG (B12, CMP, FOLAT, TSH, VITD)	82607 80053 82746 84443 82306	15.08 10.56 14.70 16.80 29.60
IRL Infection Screening Panel	INFPL (HEPPA, HIV4)	80074 87389	47.63 24.08
IRL Myositis Panel	MYOSP (CK1, CMP, CRP, ESR)	82550 80053 86140 85652	6.51 10.56 5.18 2.70
IRL Sjogrens Panel	SJOGP (CMP, CRP, ESR, PELES, PELEU, SSA, SSB)	80053 86140 85652 84165 84166 86235 X2	10.56 5.18 2.70 10.74 17.83 17.93 x2
IRL Vasculitis Panel	VASPL (CMP, CRP, ESR, UA)	80053 86140 85652 81003	10.56 5.18 2.70 2.25



Iron Deficiency Panel	FEFER (FER, IRON, TIBC)	82728 83540 83550	13.63 6.47 8.74
Lipase and Amylase	LIAMY	83690 82150	6.89 6.48
Measles, Mumps, Rubella Ab IgG	MMRAB RUBEO, MUMGG, RUBEG	86765 86735 86762	12.88 13.05 14.39
Pregnancy Induced Hypertension Panel	PIH ALT, AST, URIC, LDH, CREAT	84460 84450 84550 83615 82565	5.30 5.18 4.52 6.04 5.12
Prostate Specific Antigen Free/Total	PSAFT (PSA, PSAF)	84153 84154	18.39 18.39
SS-A, SS-B (SJOGRENS)	SSASB (SSA, SSB)	86235 X2	17.93 x 2
TSH+FT4	T4TSH (T4FRE, TSH)	84439 84443	9.02 16.80
Vitamin B12 and Folate	B12FO	82607 82746	15.08 14.70
Bacterial Vaginosis/Candida/Trich PCR – Inova	BVPCR	81514	262.99
Bacterial Vaginosis/Trich PCR - Inova	BVTRI	87801 87661	70.20 35.09



Vaginal - Candida/Trichomonas PCR - Inova	CANTR	87481 X 3	35.09 x 3
		87661	35.09
Vaginal - Candida PCR - Inova	CNPCR	87481 X 3	35.09 x 3
Bacterial Vaginosis PCR - Inova	BVAG	87801	70.20
Vaginal - Trichomonas PCR	TRPCR	87661	35.09
Genital- Chlamydia/Neisseria/M.genitalium/Trich PCR	SCGMT	87491	35.09
		87563	35.09
		87591	35.09
		87661	35.09
Genital- Chlamydia/Neisseria/Trich PCR	SCGT	87491	35.09
		87591	35.09
		87661	35.09
Genital Chlamydia/Neisseria by PCR	SCTGC	87491	35.09
		87591	35.09