

Compliance Notice

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,

Beth Deaton

Director, Administrator Reference Lab

Inova Laboratories

Contact Information Inova.org/labs

2832 Juniper Street Fairfax, VA 22031

Phone: 703-645-6175 Fax: 703-645-6135



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 <u>here</u>.

Local Coverage Decisions (LCD)

For more details, click here.



IL Requisition

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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	СРТ	MEDICARE REIMBURSEMENT
IHS AMB INOVA LAB FEMALE HORMONE PANEL	Female Hormone Panel (E2, Prog, FSH, LH, Testo, DHEA)	82670 84144 83001 83002 84403 82627	27.94 20.86 18.58 18.52 25.81 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 84403 84270 82627 82670	25.47 25.81 21.73 22.23 27.94
ORDERSET NAME	DISPLAY NAME	СРТ	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 82495 84157 87070 87205 87529 x 2 87498	5.60 x2 20.28 4.00 8.62 4.27 35.09 x2 35.09



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 87661	35.09 x 3 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 87563 87591 87661	35.09 35.09 35.09 35.09
Genital- Chlamydia/Neisseria/Trich PCR	SCGT	87491 87591 87661	35.09 35.09 35.09
Genital Chlamydia/Neisseria by PCR	SCTGC	87491 87591	35.09 35.09