



# COMPLIANCE

Dear Physician:

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 healthcare professionals with written information addressing various policies that affect ordering, performing and billing clinical laboratory tests. Details regarding IL policies are attached.

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

If you have any questions, or 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](mailto: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 [www.inova.org/lab](http://www.inova.org/lab).

Sincerely,

A handwritten signature in blue ink that reads 'Beth Deaton'.

Beth Deaton  
Director, Administrator Reference Lab  
Inova Laboratories

## Individual Highlights:

Advance Beneficiary Notices

Medical Necessity

IL Requisition

Reflex Test List

Panel Test

## Advanced Beneficiary Notices

An Advanced Beneficiary Notice (ABN) should be completed if any of the 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 the 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)**

<https://www.cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx?bc=AAAAGAAAAAA&>

### **Local Coverage Decisions (LCD)**

<https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?SearchType=Advanced&CoverageSelection=Local&PolicyType=Final&s=All&AdvSearchName=6&DateTag=C&kq=true&bc=IAAAAAAAAA&>

# IL Requisition



Laboratories  
2832 JUNIPER STREET • FAIRFAX, VA 22031  
Specimen Pickup - Lab Results (703) 645-6175



Date Collected:	Time Collected:	Collected By:	Time Centrifuged:
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## ATTACH INSURANCE CARDS

STAT  BILL:  OFFICE  PAT. INSURANCE  PATIENT

PATIENT LAST NAME		FIRST NAME		MI
SEX (M=Male F=Female)	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY #	PHONE	RACE
ADDRESS		CITY	STATE	ZIP
PRIMARY BILLING PARTY		SECONDARY BILLING PARTY		
INSURANCE CARRIER		INSURANCE CARRIER		
POLICY #		POLICY #		
GROUP#/ENROLLMENT CODE		GROUP#/ENROLLMENT CODE		
INSURANCE ADDRESS		INSURANCE ADDRESS		
SUBSCRIBER		RELATIONSHIP TO PATIENT		
ORDERING MD: Physician's Name		<input type="checkbox"/> FAX TO _____		
LAST		FIRST		

TEST NO. ✓	ADDITIONAL TESTS	ICD	TEST NO. ✓	ADDITIONAL TESTS	ICD

CPT	Test Code	Alphabetical Listing	T	ICD	CPT	Test Code	Alphabetical Listing	T	ICD	CPT	PANEL	ICD	
84460	ALT	ALT	S		86803	HCVAB	HEPATITIS C Ab	S		80048	BMP	BASIC METABOLIC PANEL BUN,CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM	
86038	ANAD	ANA SCREEN W/REFLEX	S		84702	HCGQT	HCG, QUANTITATIVE	S		80053	CMP	COMPREHENSIVE METABOLIC PANEL ALBUMIN, ALK PHOS, ALT, AST, BMP, BILIRUBIN TOTAL, TOTAL PROTEIN.	
85730	APTT	PTT	B		83718	HDL	HDL CHOLESTEROL	S		80059	RENAL	RENAL FUNCTION PANEL Albumin, BUN, Calcium, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium	
82607	B12	VITAMIN B12	S		87389	HIV4	HIV Ag/Ab 4th Gen.	S		80076	LIVER	HEPATIC FUNCTION PANEL Albumin, ALK PHOS, ALT, AST, A/G Ratio, Bilirubin Total +Direct, Bilirubin Indirect, Globulin, Protein Total	
82448	BLID	BILIRUBIN, DIRECT	S		83540	IRONP	IRON PROFILE (IRON/TIBC)	S		80061	LIPID	LIPID PANEL Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides	
82447	BLIT	BILIRUBIN, TOTAL	S		84132	K	POTASSIUM	S		87499	MICROBIOLOGY/MOLECULAR		ICD
83880	BNP	BNP (ON ICE REQUIRED)	L		83735	MG	MAGNESIUM	S		87070	CDTB	C difficile toxin by PCR (Stool)	
85027	CBC	CBC NO DIFF	L		86735	MUMGG	MUMPS Ab, IgG	S		87045	CSSTO	Culture, Stool (Salm, Shig, Campy, Shiga Tox)	
85025	CBCA	CBC AUTODIF	L		84153	PSA	PROSTATE SPECIFIC Ag	S		87081	CTHR	Culture, Throat	
82550	CK	CREATINE KINASE	S		85610	PT	PT & INR	B		87086	CUURN	Culture, Urine-Circle One: Clean Catch, Foley, w/Out	
86140	CRP	C-REACTIVE PROTEIN	S		86480	QFNBT	QUANTIFERON TB GOLD	SP		87071	CFWNO	Culture, Wound Aerobic Bacteria	
80162	DIG	DIGOXIN	S		85044	RETIC	RETICULOCYTE COUNT	L		87075	OCANA	Culture, Wound Anaerobic Bacteria	
80185	DIL	DILANTIN PHENYTOIN	S		86592	RPR	RPR	S		87491	CTGC	Chlamydia/GC PCR -Circle Urine, Vaginal, Cervical	
85651	ESR	SED RATE	L		86762	RUBEG	RUBELLA, IgG	S		87591	OXGRB	Culture, Group B Strep	
82728	FE8	FERRITIN	S		86765	RUBEO	RUBELLA, IgG	S		87082	OXMRS	Culture, MRSA	
82746	FOLAT	FOLATE	S		84481	T3FRE	T3 FREE	S					
82977	GGT	GGT	S		84439	T4FRE	T4 FREE	S					
82947	GLU	GLUCOSE, RANDOM	G		84443	TSH	TSH	S					
82947	GLUF	GLUCOSE, FASTING	G		86900	TSOR	PRENATAL WORKUP (ABORH)	S					
82951	GTTS	GLUCOSE TOLERANCE, 3 HOUR	G		81003	UA	URINALYSIS, REFLEX MICROSCOPIC	U					
82952					82001	UAMIC	URINALYSIS WITH MICROSCOPIC	U					
83036	HBA1G	HEMOGLOBIN A1c	L		83005	UAWOM	URINALYSIS WITHOUT MICROSCOPIC	U					
86709	HAVM	HEPATITIS A Ab, IgM	S		84550	URIC	URIC ACID	S					
86708	HAVS	HEPATITIS A Ab, IgG	S		82306	VITD	VITAMIN D, 25 OH, TOTAL	S					
86704	HBCAB	HEPATITIS B CORE Ab, TOTAL	S		86787	VZG	VARICELLA ZOSTER IgG	S					
86705	HBCM	HEPATITIS B CORE Ab, IgM	S										
86706	HBSAB	HEPATITIS B SURF Ab	S										
87340	HBSAG	HEPATITIS B SURF Ag	S										

Notice to Physicians: Diagnosis 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.

### INTEGRATED LABEL

223040929866	223040929866	223040929866
Pl. Full Name: _____	Pl. Full Name: _____	Pl. Full Name: _____
Collected Date: _____ Time: _____	Collected Date: _____ Time: _____	Collected Date: _____ Time: _____
BY: _____	BY: _____	BY: _____
223040929866	223040929866	223040929866
Pl. Full Name: _____	Pl. Full Name: _____	Pl. Full Name: _____
Collected Date: _____ Time: _____	Collected Date: _____ Time: _____	Collected Date: _____ Time: _____
BY: _____	BY: _____	BY: _____

FOR OFFICIAL USE ONLY	<input type="checkbox"/> S-SST	<input type="checkbox"/> U-Ur Cup	<input type="checkbox"/> G-Gray	<input type="checkbox"/> Culture
	<input type="checkbox"/> R-Rad	<input type="checkbox"/> U-UA Tube	<input type="checkbox"/> G-Green	<input type="checkbox"/> O&P
	<input type="checkbox"/> L-Low	<input type="checkbox"/> U-UX Tube	<input type="checkbox"/> Y-Yellow	<input type="checkbox"/> Stod
	<input type="checkbox"/> B-Blue	<input type="checkbox"/> 24 Hr Urine	<input type="checkbox"/> Micro	<input type="checkbox"/> Serum
	<input type="checkbox"/> MR	<input type="checkbox"/> Merge	<input type="checkbox"/> Payer?	
	<input type="checkbox"/> Diagnostics	<input type="checkbox"/> None	<input type="checkbox"/> Not Sure	
	<input type="checkbox"/> REFNO	<input type="checkbox"/> Med. Nec.		
	Spec Rcvd: <input type="checkbox"/> On Ice	<input type="checkbox"/> Frozen		

Form# IRL-A; rev. 07/2017

# Reflex Test List

Test Order	CPT Code	Reflex Test	CPT Code	2018 Medicare Reimb
ANA screen with reflex	86038	Autoimmune Profile (includes SSA, SSB, Jo 1, RNP, SM, Histone, Centromere, DsDNA, SCL 70)	86225 86235 x 8	16.97 22.14 x 8
HCV Antibody	86803	HCV PCR	87522	52.88
Hepatitis B Surface Antigen	87340	Hepatitis B Surface Ag Neutralization	87341	12.75
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	10.97 16.69 105.06
ELECTROPHORESIS, SERUM	84165	Immunofixation Electrophoresis	86334	27.59
ELECTROPHORESIS, URINE	84166	Immunofixation Electrophoresis	86335	36.23
LYME DISEASE (IgG, IgM)	86618 X2	WESTERN BLOT	86617	19.13
PSA Total with reflex	84153	PSA Free	84154	22.71
TSH with reflex	84443	T4 Free	84439	11.13
CBC with Differential	85025	CBC with Manual Differential	85027	7.98
CBC with Differential	85025	CBC WITH DIFF + RBC MORPHOLOGY		No charge
BODY FLUID CELL COUNT & SMEAR	89051	Pathology Review	88108	26.12
MALARIA PARASITE SMEAR	87207	Pathology Review	87207-26	20.45
Bacterial Cultures	Various	Susceptibility Testing Organism Identification Culture Typing PBP2 Testing	87186 87077	10.67 9.97
Fungal Cultures	87103	Fungal Smear Fungal Identification Specimen Concentration Specimen Homogenization	87106	12.74
AFB Cultures	87116	Acid Fast Smear Susceptibility Testing Specimen Concentration Specimen Homogenization M.tb by TMA Mycobacterial Identification	87186	10.67
Stool Cultures	87045	Campylobacter Ag Decton Testing Shiga-like Toxin	87449	14.8
Cryptococcal AG	86403	Cryptococcal antigen titer	86403	12.58
Strep Screen	87430	Throat Culture	87081	8.18

Test Order	CPT Code	Reflex Test	CPT Code	2018 Medicare Reimb
RPR	86592	RPP Titer FTA-Abs	86593 86780	5.44 16.34
Wound/Body Fluid/Biopsy Culture	87070	Gram Stain	87206	6.65
CSF Culture	87070	Gram Stain	87206	6.65
Sputum Culture	87070	Gram Stain	87206	6.65
Bronchial Culture	87070	Gram Stain	87206	6.65
Urinalysis	81003	Microscopic Exam	81001	3.92
UAMRX- Urinalysis with reflex to culture	81003	Urine Culture	87086	9.96

Pathologist interpretation with written report				
will be added based on laboratory reflex criteria				
Body fluid smear	88108			167.00
Crystal ID	89060			36.00
Malaria / Parasite Identification	87207			107.00
Peripheral blood smear interpretation	85060			64.00
Platelet aggregation / alloimmunization	85576			107.00
CSF electrophoresis	84166			64.00
Immunofixation of serum, urine or CSF	86334			80.00
Protein electrophoresis	84165			39.00

# Panel Test

ORDERSET NAME	DISPLAY NAME	CPT	MEDICARE REIMBURSEMENT
IHS AMB INOVA LAB FEMALE HORMONE PANEL	Female Hormone Panel (E2, Prog, FSH, LH, Testosterone, DHEA)	82670 84144 83001 83002 84403 82627	34.49 25.76 22.94 22.86 31.87 27.48
IHS AMB INOVA LAB IMMUNOGLOBULINS A/E/G/M	Immunoglobulins A/E/G/M	82784 X 3 82785	11.48 X 3 20.32
IHS AMB INOVA LAB MALE HORMONE PANEL	Male Hormone Panel	84402 84403 84270 82627 82670	31.45 31.87 26.83 27.48 34.49
IHS CSF FLUID LAB PANEL TUBE 2	Inova CSF Tube 2	82495 84157 88108	4.85 4.53 72.55
IHS LAB PANEL CSF LABS	CSF Labs	89051 x 2 82495 84157 87070 87205 87529 x 2 87498	6.80 x 2 4.85 4.53 10.64 5.27 43.33 x 2 43.33

## Inova Laboratories

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703-645-6135

We're on the Web!

See us at:

[www.inova.org/inova-laboratories](http://www.inova.org/inova-laboratories)