Inova Laboratories

Compliance Notice

November 2025

Dear providers,

Inova Laboratories (IL) is proud to serve the Northern Virginia community. 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.

Justin Wells, MD, is our Medical Director and Clinical Consultant. He can be contacted by calling 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 here.

Local Coverage Decisions (LCD)
For more details, click here.

IL Requisition

1198800

Inova™
Laboratories
2832 JUNIPER STREET • FAIRFAX, VA 22031
(703) 645-6175 Inova.org/labs

Date Collected:	Time Collected:	Collected By:	Time Centrifuged:

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)	PHONE	RACE
	__/__/__	__/__/__	

ADDRESS	CITY	STATE	ZIP

PRIMARY BILLING PARTY	ORDERING PHYSICIAN
INSURANCE CARRIER	Physician's Name _____ LAST FIRST
POLICY #	
GROUP#/ENROLLMENT CODE	
INSURANCE ADDRESS	
SUBSCRIBER SUBSCRIBER'S DATE OF BIRTH	
☐ FAX TO _____	

ATTACH INSURANCE CARDS

	EPIC	CPT	TEST NAME
	LAB11208	86038 86039	ANTI-NUCLEAR ANTIBODIES (ANA) W/REFLEX TO TITER AND PATTERN
	LAB52	82248	BILIRUBIN DIRECT
	LAB10047	83880	NT-PROBNP **[FROZEN PLASMA]**
	LAB293	85025	COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL
	LAB294	85027	COMPLETE BLOOD COUNT (CBC) WITHOUT DIFFERENTIAL
	LAB149	86140	C-REACTIVE PROTEIN
	LAB23	80162	DIGOXIN, RANDOM
	LAB31	80185	DILANTIN PHENYTOIN
	LAB68	82728	FERRITIN
	LAB69	82746	FOLATE
	LAB2298	82977	GAMMA-GLUTAMYLTRANSFERASE (GGT)
	LAB82	82947	GLUCOSE, RANDOM
	LAB90	83036	HEMOGLOBIN AC1 PLUS AEG
	LAB472	83617	HEPATITIS B SURFACE ANTIBODY
	LAB471	87340	HEPATITIS B SURFACE ANTIGEN W/REFLEX
	LAB868	86803	HEPATITIS C ANTIBODY
	LAB11729	87389	HIV AG/AB 4TH GEN
	LAB94	83540	IRON
	LAB2348	83550	IRON PROFILE
	LAB103	83735	MAGNESIUM
	LAB160	86735	MUMPS VIRUS ANTIBODY, IGG
	LAB9364	82043	MICROALBUMIN, RANDOM URINE
	LAB114	84132	POTASSIUM
	LAB116	84153	PROSTATE SPECIFIC ANTIGEN, TOTAL
	LAB320	85610	PROTHROMBIN TIME (PT-INR)
	LAB2267	85730	ACTIVATED PARTIAL PROTHROMBOPLASTIN TIME (APTT)
	LAB496	86762	RUBELLA ANTIBODIES, IGG
	LAB657	86765	RUBEOLA (MEASELS) ANTIBODIES, IGG
	LAB547	85651	SEDIMENTATION RATE
	LAB13238	86780	SYPHILIS TOTAL (IGG & IGM) ANTIBODY WITH REFLEX

	EPIC	CPT	TEST NAME
	LAB137	84481	T3, FREE
	LAB127	84439	T4, FREE
	LAB129	84443	THYROID STIMULATING HORMONE (TSH)
	LAB141	84550	URIC ACID
	LAB348	81001	URINALYSIS, COMPLETE (MACROSCOPIC & MICROSCOPIC)
	LAB9133	81003	URINALYSIS, REFLEX TO URINE CULTURE
	LAB2436	81003	URINALYSIS WITHOUT MICROSCOPIC
	LAB162		VARICELLA-ZOSTER ANTIBODY, IGG
	LAB67	82607	VITAMIN B12
	LAB8634	82306	VITAMIN D, 25-OH, TOTAL

	EPIC	CPT	PANEL	ICD
	LAB15	80048	BMP **BASIC METABOLIC PANEL** BUN,CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM	
	LAB17	80053	CMP **COMPREHENSIVE METABOLIC PANEL** ALBUMIN, ALK PHOS, ALT, AST, BMP, BILIRUBIN TOTAL, TOTAL PROTEIN.	
	LAB19	80069	RENAL **RENAL FUNCTION PANEL** Albumin, BUN, Calcium, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium	
	LAB20	80076	LIVER **HEPATIC FUNCTION PANEL** Albumin, ALK PHOS, ALT, AST, A/G Ratio, Bilirubin Total +Direct, Bilirubin Indirect, Globulin, Protein Total	
	LAB18	80061	LIPID **LIPID PANEL** Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides	

	EPIC	CPT	MICROBIOLOGY/MOLECULAR	ICD
	LAB253	87493	C difficile toxin by PCR **[No Formed Stool]**	
	LAB900	87070	Culture, Respiratory	
	LAB228	87081	Culture, Throat	
	LAB239	87088	Culture, Urine-**Circle One: Clean Catch, Foley, In/Out**	
	LAB10410	87070	Culture, Wound Aerobic Bacteria	
	LAB10404	87075	Culture, Wound Anaerobic Bacteria	
	LAB12823	87075	PCR Stool (Salm, Shig/EIEC, Campy, Shiga Tox)	
	LAB2240	87491 87591	Chlamydia/GC PCR -**Circle: Urine, Vaginal, Cervical**	
	LAB1377	87081	Culture, Group B Strep	
	LAB234	87081	Culture, MRSA - **Circle One: Throat, Nares**	

SITE/SOURCE OF CULTURES (REQUIRED):

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.

372260

IRL-A (Rev. 10/04)

1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:	1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:	1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:
1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:	1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:	1198800 DOB: __/__/__ Pt. Full Name: Collect Date: __/__/__ Time: __:__ BY:

FOR OFFICIAL USE ONLY

Tc: Tube Type

__S-SST	__U-Ur.Cup	__G-Gray	__Culturette
__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 Rcvd: [ ] 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 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**	**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 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	70.20

		87661	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