

September 2026

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.

Parvez Lokhandwala, 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



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

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)	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				

SPC	CPT	TEST NAME	SPC	CPT	TEST NAME	SPC	CPT	PANEL	ICD
LAB11208	86038	ANTI-NUCLEAR ANTIBODIES (ANA) W/REFLEX TO TITER AND PATTERN	LAB237	84402	T3, FREE	LAB15	80048	BMP BASIC METABOLIC PANEL BUN, CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM	
LAB52	82346	BILIRUBIN DIRECT	LAB237	84435	T4, FREE				
LAB10047	83880	NS-PROBNP (FROZEN PLASMA)	LAB229	84443	THYROID STIMULATING HORMONE (TSH)				
LAB293	85025	COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL	LAB041	84550	URIC ACID	LAB17	80053	COMP. METABOLIC PANEL ALBUMIN, ALK PHOS, ALT, AST, BUNP, BILIRUBIN TOTAL, TOTAL PROTEIN	
LAB294	85027	COMPLETE BLOOD COUNT (CBC) WITHOUT DIFFERENTIAL	LAB348	82002	URINALYSIS, COMPLETE (MACROSCOPIC & MICROSCOPIC)				
LAB549	86340	C-REACTIVE PROTEIN	LAB013	82003	URINALYSIS, REFLEX TO URINE CULTURE	LAB19	80069	RENAL FUNCTION PANEL Albumin, BUN, Creatinine, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium	
LAB23	80342	DIGOXIN, RANDOM	LAB246	82003	URINALYSIS WITHOUT MICROSCOPIC				
LAB31	80185	DILANTIN PHENYTOIN	LAB162	82067	VARICELLA-ZOSTER ANTIBODY, IGG	LAB20	80076	LIVER HEPATIC FUNCTION PANEL Albumin, ALP, PHOS, ALT, AST, A/G Ratio, Bilirubin Total Direct, Bilirubin Indirect, Globulin, Protein Total	
LAB68	82728	FERRITIN	LAB67	82067	VITAMIN B12				
LAB89	82746	FOLATE	LAB804	82306	VITAMIN D, 25-OH, TOTAL	LAB18	80082	LIPID PANEL Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides	
LAB2258	82977	GAMMA-GTAMPT/TRANSFERASE (GGT)							
LAB62	82947	GLUCOSE, RANDOM							
LAB90	83036	HEMOGLOBIN A1C PLUS A1G							
LAB472	83617	HEPITIS B SURFACE ANTIBODY							
LAB471	87340	HEPITIS B SURFACE ANTIGEN W/REFLEX							
LAB68	86803	HEPITIS C ANTIBODY							
LAB11729	87380	HIV AG/AB 4TH GEN							
LAB94	83540	IRON							
LAB246	83550	IRON PROFILE							
LAB103	83735	MAGNESIUM							
LAB160	86735	MUMPS VIRUS ANTIBODY, IGG							
LAB064	82543	MICROALBUMIN, RANDOM URINE							
LAB114	84132	POTASSIUM							
LAB116	84153	PROSTATE SPECIFIC ANTIGEN, TOTAL							
LAB320	85620	PROTHROMBIN TIME (PT-APTT)							
LAB2267	85730	ACTIVATED PARTIAL PROTHROMBIN PLASMA TIME (APTT)							
LAB496	86762	RUBELLA ANTIBODIES, IGG							
LAB617	86765	RUBELLA (MEASLES) ANTIBODIES, IGG							
LAB547	85651	SEDIMENTATION RATE							
LAB13238	86780	SYPHILIS TOTAL (SGG & GGM) ANTIBODY WITH REFLEX							

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.

SPC	CPT	TEST NAME	ICD
LAB213	87003	C difficile toxin by PCR (No Formal Stool)	
LAB000	87070	Culture, Respiratory	
LAB228	87081	Culture, Throat	
LAB239	87086	Culture, Urine - Circle One: Clean Catch, Foley, In/Out	
LAB042	87075	Culture, Wound Aerobic Bacteria	
LAB040	87077	Culture, Wound Anaerobic Bacteria	
LAB002	87075	PCR Stool (Salmonella, Shigella, Campylobacter, Shiga Toxin)	
LAB246	87092	Chlamydia/GC PCR - Circle One: Urine, Vaginal, Cervical	
LAB107	87082	Culture, Group B Strept	
LAB234	87083	Culture, MRSA - Circle One: Throat, Nose	

SITE/SOURCE OF CULTURES (REQUIRED):

172260
BIL-AN (Rev. 10/04)

1198800	DOB: / /	1198800	DOB: / /	1198800	DOB: / /
PL Full Name		PL Full Name		PL Full Name	
Collect Date / /	Time: /	Collect Date / /	Time: /	Collect Date / /	Time: /
SI:		SI:		SI:	
1198800	DOB: / /	1198800	DOB: / /	1198800	DOB: / /
PL Full Name		PL Full Name		PL Full Name	
Collect Date / /	Time: /	Collect Date / /	Time: /	Collect Date / /	Time: /
SI:		SI:		SI:	

FOR OFFICIAL USE ONLY			
To Tube Type			
☐ S-SST	☐ U-Ur Dip	☐ G-Gray	☐ Culturette
☐ R-Rod	☐ U-UA Tube	☐ G-Green	☐ O&P
☐ L-Lav	☐ U-CX Tube	☐ Y-Yellow	☐ Stool
☐ S-Ser	☐ 24 Hr Urine	☐ Micro	☐ Serum
Spec Recd: ☐ Room Temp ☐ Refrigerated			
☐ 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 (Total IgG, IgM)	86618 X2	Confirmatory Lyme IgG / IgM	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
Blood Cultures		Rapid ID & Susceptibilities from positive broths	0141U	156.75
Fungal Cultures	87103	Fungal Smear Fungal Identification Susceptibilities 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
Stool PCR	87505	Stool culture	87045	9.44
Cryptococcal AG	86403	Cryptococcal antigen titer	86403	11.54
Strep Screen	87430	Throat Culture	87081	6.63
Syphilis Screen (IgG/IgM)	86780	RPR	86592	4.27

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 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
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 / LAB13964	86160 X 2	12.00 x2
FSH and LH	FSHLU / LAB13965	83001 83002	18.58 18.52
IRL Arthritis Panel	ARTHP / LAB14527 (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 / LAB14529 (CK1, CMP, CRP, ESR, JO1)	82550 80053 86140 85652 86235	6.51 10.56 5.18 2.70 17.93
IRL Sjogrens Panel	SJOGP / LAB14531 (CMP, CRP, ESR, PELES, PELEU, RO52, RO60, SSB)	80053 86140 85652 84165 84166 86235 X3	10.56 5.18 2.70 10.74 17.83 17.93 x3
IRL Vasculitis Panel	VASPL (CMP, CRP, ESR, UA)	80053 86140 85652 81003	10.56 5.18 2.70 2.25
Iron Deficiency Panel	FEFER / LAB13966 (FER, IRON, TIBC)	82728 83540 83550	13.63 6.47 8.74
Lipase and Amylase	LIAMY / LAB13967	83690 82150	6.89 6.48
Measles, Mumps, Rubella Ab IgG	MMRAB / LAB13971 (RUBEO, MUMGG, RUBEG)	86765 86735 86762	12.88 13.05 14.39
Pregnancy Induced Hypertension Panel	PIH / LAB11268 (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 / LAB171 (PSA, PSAF)	84153 84154	18.39 18.39



PTH WITH CALCIUM	PTHCL / LAB13970 (PTH, CA)	82310 83970	5.16 41.28
SS-A, SS-B (SJOGRENS)	SSASB / LAB13972 (RO52, RO60, SSB)	86235 X3	17.93 x 3
TSH+FT4	T4TSH / LAB13973 (T4FRE, TSH)	84439 84443	9.02 16.80
Vitamin B12 and Folate	B12FO / LAB13962	82607 82746	15.08 14.70
Bacterial Vaginosis/Candida/Trich PCR – Inova	BVPCR / LAB2967	81514	262.99
Bacterial Vaginosis/Trich PCR - Inova	BVTRI / LAB13996	87801	70.20
Vaginal - Candida/Trichomonas PCR - Inova	CANTR / LAB14337	87801	70.20
Vaginal - Candida PCR - Inova	CNPCR / LAB14000	87801	70.20
Bacterial Vaginosis PCR - Inova	BVAG / LAB13997	87801	70.20
Vaginal - Trichomonas PCR	TRPCR / LAB13998	87661	35.09
Genital- Chlamydia/Neisseria/M.genitalium/Trich PCR	SCGMT / LAB14701	87494 87563 87661	70.18 35.09 35.09
Genital- Chlamydia/Neisseria/Trich PCR	SCGT / LAB14704	87494 87661	70.18 35.09
Genital Chlamydia/Neisseria by PCR	SCTGC / LAB2240	87494	70.18