

Compliance

Dear Physicians:

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 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

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 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)

cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx?bc=AAAAGAAAAAA&

Local Coverage Decisions (LCD)

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



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		ORDERING PHYSICIAN	
INSURANCE CARRIER	Physician's Name	LAST	FIRST
POLICY #			
GROUP/ENROLLMENT CODE			
INSURANCE ADDRESS			
SUBSCRIBER	SUBSCRIBER'S DATE OF BIRTH		
<input type="checkbox"/> FAX TO			

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
86038	ANAR	ANA W/REFLEX TO TITER AND PATTERN	S		83718	HDL	HDL CHOLESTEROL	S		80048	BMP	BASIC METABOLIC PANEL
86039					87389	HIV4	HIV Ag/Ab 4th Gen.	S				
85730	APTT	PTT ROOM TEMP REQUIRED	B		83540	IRON	IRON	S		80053	CMP	COMPREHENSIVE METABOLIC PANEL
82607	B12	VITAMIN B12	S		83540	IRON	IRON PROFILE (IRON/TIBC)	S				
82348	BILD	BILIRUBIN, DIRECT	S		84132	K	POTASSIUM	S		80069	RENAL	RENAL FUNCTION PANEL
83880	BNP	BNP (ON ICE REQUIRED)	L		83735	MG	MAGNESIUM	S				
85027	CBC	CBC NO DIFF	L		86735	MUMGG	MUMPS Ab, IgG	S		80076	LIVER	HEPATIC FUNCTION PANEL
85025	CBCA	CBC AUTODIF	L		82570	UMALR	URINE MICROALBUMIN, RANDOM	U				
86140	CRP	C-REACTIVE PROTEIN	S		82043			S				
80162	DIG	DIGOXIN	S		84153	PSA	PROSTATE SPECIFIC Ag	S		80061	LIPID	LIPID PANEL
80185	DIL	DILANTIN PHENYTOIN	S		85610	PT	PT & INR ROOM TEMP REQUIRED	B				
85651	ESR	SED RATE	L		86480	QN1TB	QUANTIFERON TB GOLD Refrigerated	SP				
82728	FER	FERRITIN	S		86762	RUBEG	RUBELLA, IgG	S				
82746	FOLAT	FOLATE	S		86765	RUBEO	RUBEOLA, IgG	S				
82977	GGT	GGT	S		86780	SYPMG	SYPHILIS SCREEN W/REFLEX TO RPR TITER	S				
82947	GLU	GLUCOSE, RANDOM	G		84481	T3FRE	T3 FREE	S				
82947	GLUF	GLUCOSE, FASTING	G		84439	T4FRE	T4 FREE	S				
82951	GT3	GLUCOSE TOLERANCE, 3 HOUR	G		84443	TSH	TSH	S				
82952					86900			S				
83036	HBA1G	HEMOGLOBIN A1c	L		86901	TSOB	PRENATAL WORKUP (ABORH)	S				
86709	HAVM	HEPATITIS A Ab, IgM	S		86850			S				
86708	HAVS	HEPATITIS A Ab, IgG	S		83003	UAMRX	URINALYSIS WITH REFLEX TO CULTURE	U				
86704	HBCAB	HEPATITIS B CORE Ab, TOTAL	S		83001			U				
86705	HBCM	HEPATITIS B CORE Ab, IgM	S		83003	UA	URINALYSIS, REFLEX MICROSCOPIC	U				
83617	HBSAB	HEPATITIS B SURF Ab	S		83001	UAMIC	URINALYSIS WITH MICROSCOPIC	U				
87340	HBSAG	HEPATITIS B SURF Ag	S		83003	UAWOM	URINALYSIS WITHOUT MICROSCOPIC	U				
86809	HCVAB	HEPATITIS C Ab	S		84550	URIC	URIC ACID	S				
84702	HCGQT	HCG, QUANTITATIVE	S		82306	VITD	VITAMIN D, 25 OH, TOTAL	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		
223041025066 DOB: / /	223041025066 DOB: / /	223041025066 DOB: / /
Pl. Full Name: _____	Pl. Full Name: _____	Pl. Full Name: _____
Collect Date: / / Time: :	Collect Date: / / Time: :	Collect Date: / / Time: :
BY: _____	BY: _____	BY: _____
223041025066 DOB: / /	223041025066 DOB: / /	223041025066 DOB: / /
Pl. Full Name: _____	Pl. Full Name: _____	Pl. Full Name: _____
Collect Date: / / Time: :	Collect Date: / / Time: :	Collect Date: / / Time: :
BY: _____	BY: _____	BY: _____

T- Tube Type

FOR OFFICIAL USE ONLY

S-SST U-Ur. Cup G-Gray Culturets
 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: [] On Ice [] Frozen [] Light Protected

Reflex Test List

Test Order	CPT Code	Reflex Test	CPT Code	2019 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	13.99 19.93 x 8
HCV Antibody	86803	HCV PCR	87522	47.60
Hepatitis B Surface Antigen	87340	Hepatitis B Surface Ag Neutralization	87341	11.48
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	9.97 15.02 94.55
ELECTROPHORESIS, SERUM	84165	Immunofixation Electrophoresis	86334	24.83
ELECTROPHORESIS, URINE	84166	Immunofixation Electrophoresis	86335	32.61
LYME DISEASE (IgG, IgM)	86618 X2	WESTERN BLOT	86617	17.21
PSA Total with reflex	84153	PSA Free	84154	20.44
TSH with reflex	84443	T4 Free	84439	10.02
CBC with Differential	85025	CBC with Manual Differential	85027	7.18
CBC with Differential	85025	CBC WITH DIFF + RBC MORPHOLOGY		No charge
Bacterial Cultures	Various	Susceptibility Testing Organism Identification Culture Typing PBP2 Testing	87186 87077	9.61 8.97
Fungal Cultures	87103	Fungal Smear Fungal Identification Specimen Concentration Specimen Homogenization	87106	11.47
AFB Cultures	87116	Acid Fast Smear Susceptibility Testing Specimen Concentration Specimen Homogenization M.tb by TMA Mycobacterial Identification	87186	9.61
Stool Cultures	87045	Campylobacter Ag Dection Testing Shiga-like Toxin	87449	13.32
Cryptococcal AG	86403	Cryptococcal antigen titer	86403	11.54
Strep Screen	87430	Throat Culture	87081	7.36

Panel Test

Test Order	CPT Code	Reflex Test	CPT Code	2019 Medicare Reimb
RPR	86592	RPP Titer FTA-Abs	86593 86780	4.89 14.71
Wound/Body Fluid/Biopsy Culture	87070	Gram Stain	87206	5.99
CSF Culture	87070	Gram Stain	87206	5.99
Sputum Culture	87070	Gram Stain	87206	5.99
Bronchial Culture	87070	Gram Stain	87206	5.99
Urinalysis	81003	Microscopic Exam	81001	3.52
UAMRX- Urinalysis with reflex to culture	81003	Urine Culture	87086	8.97
Pap with HPV reflex	G0145 88175	HPV	87624	38.99

Pathologist interpretation with written report will be added based on laboratory reflex criteria				
Crystal ID	89060			20.47
Malaria / Parasite Identification	87207			20.47
Peripheral blood smear interpretation	85060			27.84
Platelet aggregation / alloimmunization	85576			20.47
CSF electrophoresis	84166			20.47
Immunofixation of serum, urine or CSF	86334			20.47
Protein electrophoresis	84165			20.47
Special Co-ag	85390			41.75

ORDERSET NAME	DISPLAY NAME	CPT	MEDICARE REIMBURSEMENT
IHS AMB INOVA LAB FEMALE HORMONE PANEL	Female Hormone Panel (E2, Prog, FSH, LH, Testo, DHEA)	82670	34.49
		84144	25.76
		83001	22.94
		83002	22.86
		84403	31.87
		82627	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	31.45
		84403	31.87
		84270	26.83
		82627	27.48
		82670	34.49
ORDERSET NAME	DISPLAY NAME	CPT	MEDICARE REIMBURSEMENT
IHS CSF FLUID LAB PANEL TUBE 2	Inova CSF Tube 2	82495	4.85
		84157	4.53
		88108	72.55
IHS LAB PANEL CSF LABS	CSF Labs	89051 x 2	6.80 x 2
		82495	4.85
		84157	4.53
		87070	10.64
		87205	5.27
		87529 x 2	43.33 x 2
87498	43.33		
Complement Component C3c, C4c	C3C4	86160 X 2	13.33 X 2
FSH and LH	FSHLU	83001	20.65
		83002	20.65
Lipase and Amylase	LIAMY	83690	7.65
		82150	7.20
Measles, Mumps, Rubella Ab IgG	MMRAB RUBEO, MUMGG, RUBEG	86765	14.31
		86735	14.50
		86762	15.99
Pregnancy Induced Hypertension Panel	PIH ALT, AST, URIC, LDH, CREAT	84460	5.89
		84450	5.89
		84550	5.02
		83615	6.71
		82565	5.69

Contact Information
Inova.org/labs

2832 Juniper Street
Fairfax, VA 22031

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