

## Compliance

January 2021

Dear Physicians:

Inova Laboratories (IL) is proud to serve the Northern Virginia community as the area's only full-service reference laboratory. Each year, we disclose information about our billing practices and compliance policies as required by [the Office of Inspector General \(OIG\) Compliance Program Guidance for Clinical Laboratories](#).

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.

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](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. Additional information is available on our website at [inova.org/labs](http://inova.org/labs).

Sincerely,



Beth Deaton  
Director, Administrator Reference Lab  
Inova Laboratories  
Contact Information  
[inova.org/labs](http://inova.org/labs)

2832 Juniper St.  
Fairfax, VA 22031

Phone: 703.645.6175  
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## **Advance Beneficiary Notices**

An advance 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 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 the beneficiary’s clinical condition. Medicare may deny payment for tests a physician believes is appropriate, but that do not meet the Medicare coverage criteria, such as screening tests. ICD-10 CM diagnosis codes must be provided for each test ordered. A full list of limited coverage policies and approved diagnosis codes can be found at:

### **National Coverage Decisions (NCD)**

[cms.gov/medicare-coverage-database/indexes/lab-ncd-index.aspx?bc=AAAAGAAAAAA&](https://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&](https://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	ANAR	ANA W/REFLEX TO TITER AND PATTERN	S		87309	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	IRONP	IRON PROFILE (IRON/TIBC)	S					
82248	BILID	BILIRUBIN, DIRECT	S		84132	K	POTASSIUM	S					
83880	BNP	BNP (ON ICE REQUIRED)	L		87375	MG	MAGNESIUM	S					
85027	CBC	CBC NO DIFF	L		86735	MUMGG	MUMPS Ab, IgG	S		80069	RENAL	RENAL FUNCTION PANEL	
85025	CBCA	CBC AUTODIF	L		82570	UMALR	URINE MICROALBUMIN, RANDOM	U					
86140	CRP	C-REACTIVE PROTEIN	S		82043	PSA	PROSTATE SPECIFIC Ag	S		80075	LIVER	HEPATIC FUNCTION PANEL	
80162	DIG	DIGOXIN	S		84153	PT	PT & INR ROOM TEMP REQUIRED	B					
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		80061	LIPID	LIPID PANEL	
82728	FER	FERRITIN	S		86762	RUBEG	RUBELLA, IgG	S					
82746	FOLAT	FOLATE	S		86765	RUBEO	RUBELLA, IgG	S					
82977	GGT	GGT	S		86780	SYPGM	SYPHILIS SCREEN W/REFLEX TO RPR TITER	S					
82947	GLU	GLUCOSE, RANDOM	S		84481	T3FRE	T3 FREE	S					
82947	GLUF	GLUCOSE, FASTING	G		84439	T4FRE	T4 FREE	S		87493	CDIFF	C difficle toxin by PCR (No Formed Stool)	
82951	GTT3	GLUCOSE TOLERANCE, 3 HOUR	G		84443	TSH	TSH	S		87070	CXRES	Culture, Respiratory	
82952	GTT3	GLUCOSE TOLERANCE, 3 HOUR	G		86900	TSOB	PRENATAL WORKUP (ABORH)			87081	CXTHR	Culture, Throat	
83036	HBA1G	HEMOGLOBIN A1c	L		86901	TSOB	PRENATAL WORKUP (ABORH)			87086	CXURN	Culture, Urine-Circle One: Clean Catch, Foley, In/Out	
86709	HAVM	HEPATITIS A Ab, IgM	S		86850	TSOB	PRENATAL WORKUP (ABORH)			87070	CXWIND	Culture, Wound Aerobic Bacteria	
86708	HAVG	HEPATITIS A Ab, IgG	S		81003	UAMRX	URINALYSIS WITH REFLEX TO CULTURE	U		87075	CXANA	Culture, Wound Anaerobic Bacteria	
86704	HBCAB	HEPATITIS B CORE Ab, TOTAL	S		81001	UAMIC	URINALYSIS WITH MICROSCOPIC	U		87075	PCRST	PCR Stool (Salm, Shig/EIEC, Campy, Shiga Tox)	
86705	HBCM	HEPATITIS B CORE Ab, IgM	S		81003	UA	URINALYSIS, REFLEX MICROSCOPIC	U		87491	SCITGC	Chlamydia/GC PCR -Circle: Urine, Vaginal, Cervical	
83617	HBSAB	HEPATITIS B SURF Ab	S		81001	UAMIC	URINALYSIS WITH MICROSCOPIC	U		87591			
87340	HBSAG	HEPATITIS B SURF Ag	S		81003	UAWOM	URINALYSIS WITHOUT MICROSCOPIC	U		87081	CXGRB	Culture, Group B Strep	
86803	HCVAB	HEPATITIS C Ab	S		84550	URIC	URIC ACID	S		87081	CXMRS	Culture, MRSA	
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: / /
Pt. Full Name: _____	Pt. Full Name: _____	Pt. Full Name: _____
Collect Date: / / Time: : :	Collect Date: / / Time: : :	Collect Date: / / Time: : :
BY: _____	BY: _____	BY: _____
223041025066 DOB: / /	223041025066 DOB: / /	223041025066 DOB: / /
Pt. Full Name: _____	Pt. Full Name: _____	Pt. 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

Form# IRL-A; rev. 07/2019

## Reflex Test List

Test Order	CPT Code	Reflex Test	CPT Code	2020 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 differential + 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 Detection 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	2020 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
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			21.10
Malaria/parasite Identification	87207			21.10
Peripheral blood smear interpretation	85060			28.11
Platelet aggregation/alloimmunization	85576			21.10
CSF electrophoresis	84166			21.10
Immunofixation of serum, urine or CSF	86334			21.10
Protein electrophoresis	84165			21.10
Special Co-ag	85390			42.56

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 18.58 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
Complement component C3c, C4c	C3C4	86160 X 2	12.00 x2
FSH and LH	FSHLU	83001 83002	18.58 18.58
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 2.70 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 25.81 29.60
IRL infection screening panel	INFPL (HEPPA, HIV4)	80074 87389	47.63 24.08
IRL lupus panel	LUPUS (ANA, C3, C4, CBCA, CMP, CRP, DSDNA, ESR, HISTN, JO1, RIBOS, RNP, SCL70, SM, SSA, SB, UPRCR, UA)	86038 86160 X 2 85025 80053 86140 86225 85652 86235 X 7 83520 82570 81003 84156	12.09 12.00 X 2 7.77 10.56 5.18 13.74 2.70 17.93 X 7 17.27 5.18 2.25 3.67

<b>ORDERSET NAME</b>	<b>DISPLAY NAME</b>	<b>CPT</b>	<b>MEDICARE REIMBURSEMENT</b>
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