

Annual Compliance Notice

Dec. 6, 2021

Dear Physicians:

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

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. If you have questions about any of the 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.

Sincerely,



Beth Deaton
Director, Administrator Reference Lab
Inova Laboratories

Contact Information:
inova.org/labs

2832 Juniper St.
Fairfax, VA 22031

Phone: 703.645.6175
Fax: 703.645.6135

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

Inova.org/labs

BARCODE POSITION

| | | | |
|-----------------|-----------------|---------------|-------------------|
| Date Collected: | Time Collected: | Collected By: | Time Centrifuged: |
|-----------------|-----------------|---------------|-------------------|

ATTACH INSURANCE CARDS

STAT BILL: OFFICE PAT. INSURANCE PATIENT

| | | | | |
|---------------------------------|----------------------------|----------------------------|-------|------|
| PATIENT LAST NAME | | FIRST NAME | | M |
| 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 | | |
| POLICY # | | LAST FIRST | | |
| GROUP/ROLLMENT CODE | | ATTACH INSURANCE CARDS | | |
| INSURANCE ADDRESS | | | | |
| SUBSCRIBER | | SUBSCRIBER'S DATE OF BIRTH | | |
| <input type="checkbox"/> FAX TO | | | | |

| CPT | Test Code | Alphabetical Listing | T | ICD | CPT | Test Code | Alphabetical Listing | T | ICD | CPT | PANEL | ICD | |
|-------|-----------|-----------------------------------|---|-----|-------|-----------|---------------------------------------|----|-----|-------|-------|---|--|
| 86384 | ANAK | ANA W/REFLEX TO TITER AND PATTERN | S | | 87235 | MG | MUGHPERUM | S | | 80043 | BMP | BASIC METABOLIC PANEL BUN, CALCIUM, CHLORIDE, CO2, CREATININE GLUCOSE, POTASSIUM, SODIUM | |
| 82448 | BLUD | BILIRUBIN, DIRECT | S | | 86735 | MUMGG | MUMPS Ab, IgG | S | | 80053 | CMP | COMPREHENSIVE METABOLIC PANEL ALBUMIN, ALK PHOS, ALT, AST, BMP, BILIRUBIN TOTAL, TOTAL PROTEIN | |
| 83880 | BNP | BNP (ON ICE REQUIRED) | L | | 82570 | UMALR | MICROALBUMIN, RANDOM URINE | U | | 80049 | RENAL | RENAL FUNCTION PANEL Albumin, BUN, Calcium, CO2, Creatinine Glucose, Phosphorus, Potassium, Sodium | |
| 85025 | CRCA | CRC AUTO/DF | L | | 82043 | | | | | 80076 | LIVER | HEPATIC FUNCTION PANEL Albumin, ALK PHOS, ALT, AST, AG Ratio, Bilirubin Total+Direct, Bilirubin Indirect, Globulin, Icterin Total | |
| 85627 | CBC | CBC NO DIFF | L | | 84332 | K | POTASSIUM | S | | 80061 | LIPID | LIPID PANEL Cholesterol (Total), HDL, LDL, VLDL Cholesterol, Triglycerides | |
| 85140 | CRP | C-REACTIVE PROTEIN | S | | 85610 | PT | PT & INR ROOM TEMP REQUIRED | B | | 80939 | CDHF | C Difficile toxin by PCR (No for rest Stop) | |
| 80462 | DIG | DIGOXIN | S | | 85730 | APIT | PTT ROOM TEMP REQUIRED | B | | 80070 | CRBS | Culture, Respiratory | |
| 80385 | DIL | DILANTIN PHENYTOIN | S | | 86490 | ON1TB | QUANTITATIVE TB GOLD Ref:Prevalent | SP | | 80082 | CY HR | Culture, Throat | |
| 82728 | FER | FERRITIN | S | | 86762 | RUREG | RURELLA, IgG | S | | 80086 | CURN | Culture, Urine Circle One: Green Catch, Fake, In/Out | |
| 82246 | FOLAT | FOLATE | S | | 86755 | RURFD | RURELLA, IgG | S | | 80070 | CWWD | Culture, Wound Aerobic Bacteria | |
| 82477 | GGT | GGT | S | | 85651 | CSR | SED RATE | L | | 80075 | CDANA | Culture, Wound Anaerobic Bacteria | |
| 82947 | GLU | GLUCOSE, RANDOM | G | | 86790 | SWPDM | SYPHILIS SCREEN W/REFLEX TO RPR TITER | S | | 80075 | PCST | PCR Stool (Salmon, Shig/EPEC, Campy, Shiga Toxin) | |
| 82947 | GLUF | GLUCOSE, FASTING | G | | 84481 | T3RF | T3 FREE | S | | 80491 | SCTRC | Chlamydia/SC-PCR -Circle One: Urine, Vaginal, Or Vial | |
| 84702 | HCGLT | HCG, QUANTITATIVE | S | | 84439 | T4RF | T4 FREE | S | | 80061 | CGRE | Culture, Group B Strep | |
| 83718 | HDL | HDL CHOLESTEROL | S | | 84443 | TSH | TSH | S | | 80082 | CMAB | Culture, MRSA - Circle One: Throat, Nasal | |
| 80099 | HBA3G | HEMOGLOBIN A1c | L | | 84550 | URIC | URIC ACID | S | | | | | |
| 86709 | HAVM | HEPATITIS A Ab, IgM | S | | 81009 | UA | URINALYSIS, REFLEX MICROSCOPIC | U | | | | | |
| 86708 | HAVG | HEPATITIS A Ab, IgG | S | | 81001 | UAMC | URINALYSIS WITH MICROSCOPIC | U | | | | | |
| 86704 | HBCI | HEPATITIS B CORE Ab, TOTAL | S | | 83002 | UAMR | URINALYSIS WITH REFLEX TO CULTURE | U | | | | | |
| 86705 | HBCM | HEPATITIS B CORE Ab, IgM | S | | 83001 | UAMR | URINALYSIS WITH REFLEX TO CULTURE | U | | | | | |
| 85627 | HBSAB | HEPATITIS B SURF Ab | S | | 83003 | UAWOM | URINALYSIS WITHOUT MICROSCOPIC | U | | | | | |
| 87340 | HBSAG | HEPATITIS B SURF Ag | S | | | VZG | Varicella Zoster IgG | S | | | | | |
| 86303 | HCVAB | HEPATITIS C Ab | S | | 82607 | B12 | VITAMIN B12 | S | | | | | |
| 87389 | HIV4 | HIV Ag/Ab 4th Gen | S | | 82306 | VITD | VITAMIN D, 25 OH, TOTAL | S | | | | | |
| 82540 | IRON | IRON | S | | | | | | | | | | |
| 83540 | IRONP | IRON PROFILE (IRON/TIBC) | S | | | | | | | | | | |
| CPT | Test Code | Additional Tests | T | ICD | | | | | | | | | |

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.

SOURCE 4 - TO REORDER CALL (800) 754-5928

172280

IR-A (Rev. 10/20)

| | | |
|--|--|--|
| <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> | <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> | <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> |
| <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> | <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> | <p>1106924 008 / /</p> <p>Pt. Full Name: _____</p> <p>Collected Date: / / Time: : </p> <p>BY: _____</p> |

*PO - Label Position

| FOR OFFICIAL USE ONLY | |
|---|-----------------|
| T= Tube Type | |
| ___ S-SS1 | ___ U-Ur Cup |
| ___ R-Red | ___ U-UA Tube |
| ___ L-Lav | ___ U-CX Tube |
| ___ B-Blue | ___ 24 Hr Urine |
| Spec. Req'd: [] Room Temp [] Refriger | |
| [] Frozen [] Light Protected | |

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 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 | 2019 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 | | | 20.55 |
| Malaria / Parasite Identification | 87207 | | | 20.55 |
| Peripheral blood smear interpretation | 85060 | | | 27.84 |
| Platelet aggregation / alloimmunization | 85576 | | | 20.55 |
| CSF electrophoresis | 84166 | | | 20.55 |
| Immunofixation of serum, urine or CSF | 86334 | | | 20.55 |
| Protein electrophoresis | 84165 | | | 20.55 |
| Special Co-ag | 85390 | | | 41.90 |
| COVID Antibodies | 80500 | | | 22.42 |
| ANA | 80500 | | | 22.42 |
| HBA1C | 85060 | | | 27.84 |

| 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 |
| 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 18.58 |
| 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 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 87661 | 70.20 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 |