QUIDEL | QuickVue®

Compliance Guidelines

Adenoviral conjunctivitis

Reimbursement code

The assigned CPT® (Current Procedural Terminology)[1] code for the QuickVue Adenoviral conjunctivitis Test is 87809, "infectious agent antigen detection by immunoassay with direct optical observation; adenovirus." The 2019 CMS national limit for this code is $21.76. Offices submitting reimbursement for claims are required to have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.[2]

Compliance

Concept of chief complaint and medical necessity

In order to make your medical record compliant for clinical lab testing, it is important to have a complaint, symptom or clinical sign that is recorded in the record to provide the basis for ordering the test. This would help to establish a "chief complaint" for the lab test. It is also critical to have a statement of medical necessity in the file that ties together the basis for ordering and performing the tests. This carries additional weight when ordering sequential tests over time.

Modifiers and their use

Medicare and Medicaid claims

The modifier "QW" is added to the CPT code to report the use of a CLIA-waived test. The RT and LT modifiers are also used to specify laterality of the test to correspond with the appropriate ICD-10 codes used. CPT code 87809QW is paid from the Clinical Laboratory Fee Schedule (not the Physician Fee Schedule).

Given that there are many varied payers and policies, it is possible that certain payers may have different coding requirements; Quidel offers reimbursement support to assist you with questions about QuickVue Adenoviral conjunctivitis Test coding, compliance and reimbursement.

CPT Code	Medicare/Medicaid	Commercial Payers	2019 National Limit
	87809QW-RT/LT	87809-RT/LT	$21.76

Related diagnostic codes

There can be many ICD-10 codes that will be related to your need to provide clinical lab testing for adenoviral conjuctivitis. It is important when providing diagnoses related to the testing performed, that you provide the most specific diagnoses that you can in accordance with ICD rules and guidelines. That means relating both laterality and severity if possible. Generalized diagnoses may get reimbursed but are more difficult to defend should your record be scrutinized.

Reimbursement support

Quidel has a Reimbursement Support Team available to assist you with questions about QuickVue Adenoviral conjunctivitis Test coding and reimbursement. For reimbursement support, please contact technicalsupport@quidel.com or call 800.874.1517.

Conjunctivitis testing clinical guidelines

American Academy of Ophthalmology: Preferred Practice Pattern Guidelines

- Some cases of conjunctivitis can be diagnosed on the basis of history and examination (e.g. viral conjunctivitis in the presence of an upper respiratory infection). In other cases, however, additional diagnostic tests may be helpful.
- Viral cultures are not routinely used to establish a diagnosis. A rapid, in-office immunodiagnostic test using antigen detection is available for adenoviral conjunctivitis.
  - In a study of 186 patients with acute conjunctivitis, this test had a sensitivity of 88% to 89% and a specificity of 91% to 94%.[3] More recently, a study of 128 patients with acute viral conjunctivitis found that a newer test had a sensitivity between 85% and 93% and a specificity between 96% and 99%.[4] Immunodiagnostic tests may be available for other viruses, but these are not validated for ocular specimens.
- Published in the American Academy of Ophthalmology's Conjunctivitis Preferred Practice Patterns (2013), which can be accessed online at http://one.aao.org/preferred-practice-pattern/conjunctivitis-ppp–2013.

Choosing Wisely®

- Don't order antibiotics for adenoviral conjunctivitis (pink eye).
  - Adenoviral conjunctivitis and bacterial conjunctivitis are different forms of infection that can be diagnosed by the ophthalmologist by clinical signs and symptoms, and if needed, by cultures. Antibiotics are useful for patients with bacterial conjunctivitis, particularly those with moderate to severe bacterial conjunctivitis. However, they are not useful for adenoviral conjunctivitis, and the overuse of antibiotics can lead to the emergence of bacteria that don't respond readily to available treatments. In cases of diagnostic uncertainty, patients may be followed closely to see if their condition resolves on its own, or if further treatment is required.
- Published in the Choosing Wisely recommendations from the American Academy of Ophthalmology (2013), which can be accessed online at http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-ophthalmology. Choosing Wisely lists were created by national medical specialty societies and represent specific, evidence-based recommendations clinicians and patients should discuss.

[1]CPT is a copyright and registered trademark of the American Medical Association (AMA). Please consult the current CPT Manual for full descriptors and instructions regarding the use of CPT codes.

[2]CLIA stands for Clinical Laboratory Improvement Amendments and is a registration with the U.S. Department of Health and Human Services that allows physicians or medical office personnel to collect a sample and perform a laboratory test within their office.

[3]Sambursky R., Tauber S., Schirra F., et al. The RPS adeno detector for diagnosing Adenoviral conjunctivitis. Ophthalmology 2006;113:1758-64.

[4]Sambursky R., Trattler W., Tauber S., et al. Sensitivity and specificity of the AdenoPlus test for diagnosing Adenoviral conjunctivitis. JAMA Ophthalmol 2013;131:17-21.

Choose Wisely® is a registered trademark and an initiative of the ABIM Foundation

Under Federal and State law, it is the individual provider's responsibility to determine appropriate coding, charges and claims for a particular service. Policies regarding appropriate coding and payment levels can vary greatly from payer to payer and change over time. Quidel Corporation strongly recommends that providers contact their own regional payers to determine appropriate coding and charge or payment levels prior to submitting claims.

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