

2011

# Reimbursement Manual

For Quidel and Diagnostic Hybrids Test Kits

**QUIDEL**<sup>®</sup>  
CORPORATION

**DIAGNOSTIC  
HYBRIDS**  
A Quidel Company 



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Thank you for choosing Quidel and Diagnostic Hybrids (DHI), a Quidel Company, for your testing needs.

This manual has been developed as a coding reference guide for QuickVue® and Diagnostic Hybrids test kits. Please note that all coding scenarios contained herein are specific to those methods included in respective product inserts. As payer reimbursement policies often differ and are subject to change, it is strongly recommended that you consult with each contracted insurance carrier on a regular basis to confirm respective coding, coverage and payment guidelines prior to submitting claims.

The information in this manual is current as of January 2011 and is based on the Medicare Clinical Lab Fee Schedule National Limit Allowable for 2011. It will be updated as reimbursement rates change and/or as new Quidel/DHI products are added. The document revision number can be found at the bottom of page 49.

The office of Inspector General (OIG) of the Department of Health and Human Services (HHS) and other Federal agencies have emphasized the importance of voluntarily developed and implemented compliance plans for clinical laboratories, regardless of size. Specific to reimbursement, it is strongly recommended that customers review and implement the medical necessity and billing compliance plan elements developed in the OIG Model Compliance Plan for Clinical Laboratories. This document can be viewed online by visiting:

**<http://oig.hhs.gov/fraud/docs/complianceguidance/cpl.html>**

CMS developed the National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUEs) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. In regard to reimbursement for same day testing and/or confirmation testing, it is strongly recommended that customers review and understand these edits, found online at:

**<http://www.cms.gov/NationalCorrectCodInitEd/>**

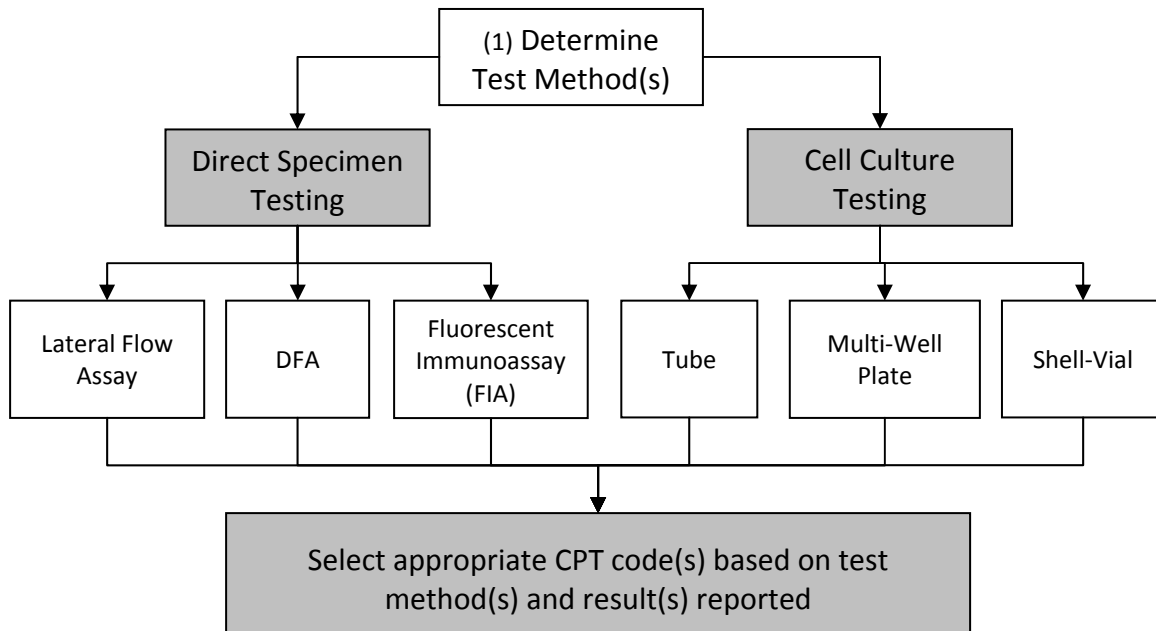
For reimbursement support, please contact Quidel at **(800) 874-1517 Option 2**, or e-mail **[reimb.support@quidel.com](mailto:reimb.support@quidel.com)**.

This information is being provided as a reference, for informational purposes only, with no expressed or implied warranty and does not purport to provide legal or certified coding advice. ***It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT® and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).*** Any review, retransmission, dissemination or other use of this information by persons or entities other than the intended recipient is prohibited.

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# Respiratory Testing Solutions

## Respiratory Testing Coding Roadmap



## Respiratory Testing CPT Code Descriptors (Reference)

CPT	Description
87140	Culture, typing; immunofluorescent method, each antiserum
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A

## QuickVue Influenza Test

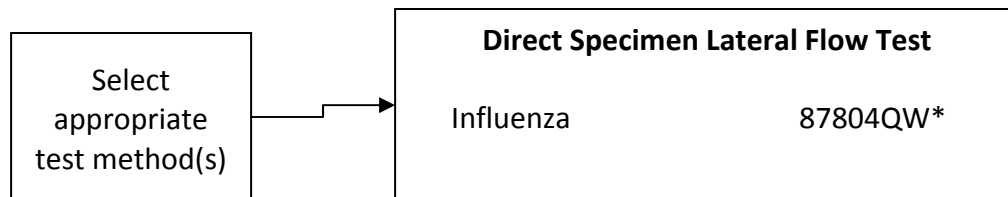
### Coding for QuickVue Lateral Flow Assay<sup>1</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>2</sup> National Limit Allowable 2011
Influenza immunoassay with direct optical observation	87804	QW*	\$16.88

A positive result does not rule out co-infections with other pathogens or identify any specific influenza A virus subtype. A negative result does not exclude influenza viral infection. Negative results should be confirmed by cell culture.<sup>3</sup>

Appropriate screening and ID kits,<sup>4</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### Coding Diagram<sup>1</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims

<sup>1</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>2</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>3</sup> See product insert.

<sup>4</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## QuickVue Influenza A+B Test

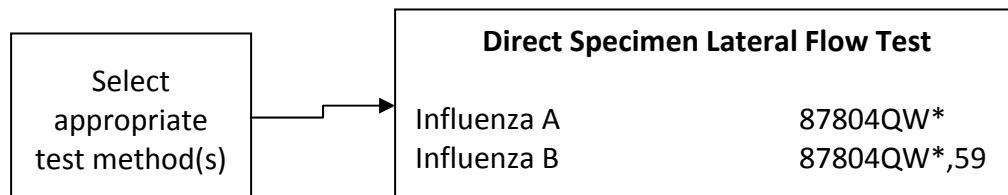
### Coding for QuickVue Lateral Flow Assay<sup>5</sup>

Description	CPT	Modifier (if necessary) <sup>6</sup>	Medicare Clinical Lab Fee Schedule <sup>7</sup> National Limit Allowable 2011
Influenza A immunoassay with direct optical observation	87804	QW*	\$16.88
Influenza B immunoassay with direct optical observation	87804	QW*,59	\$16.88

A positive result does not rule out co-infections with other pathogens or identify any specific influenza A virus subtype. A negative result does not exclude influenza viral infection. Negative results should be confirmed by cell culture.<sup>8</sup>

Appropriate screening and ID kits,<sup>9</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### Coding Diagram<sup>5</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims.

<sup>5</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>6</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>7</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>8</sup> See product insert.

<sup>9</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## QuickVue RSV (Respiratory Syncytial Virus) Test

### QuickVue RSV10 Test

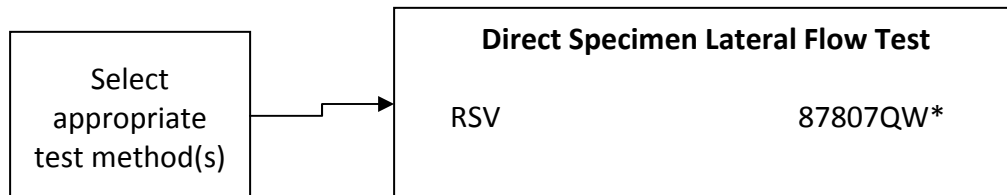
#### Coding for QuickVue Lateral Flow Assay<sup>10</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>11</sup> National Limit Allowable 2011
RSV immunoassay with direct optical observation	87807	QW*	\$16.88

A positive result does not rule out co-infections with other pathogens. A negative result does not exclude RSV infection. Negative results should be confirmed by cell culture.<sup>12</sup>

Appropriate screening and ID kits,<sup>13</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

#### Coding Diagram<sup>10</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims. QuickVue RSV10 is not a CLIA-waived test system.

<sup>10</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>11</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>12</sup> See product insert.

<sup>13</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## QuickVue Dipstick Strep A Test

## QuickVue In-Line Strep A Test

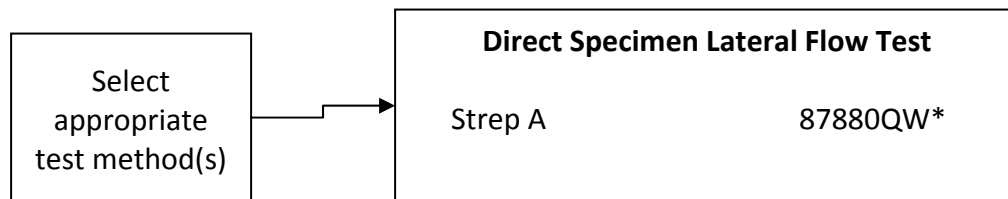
## QuickVue+ Strep A Test

### Coding for QuickVue Lateral Flow Assay<sup>14</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>15</sup> National Limit Allowable 2011
Strep A immunoassay with direct optical observation	87880	QW*	\$16.88

Negative results should be confirmed by culture.<sup>16</sup>

### Coding Diagram<sup>14</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims. QuickVue+ Strep A is not a CLIA-waived test system.

<sup>14</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>15</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>16</sup> See product insert.

## D<sup>3</sup> FastPoint L-DFA Respiratory Virus Identification Kit

### Coding for Direct Specimen Testing<sup>17</sup>

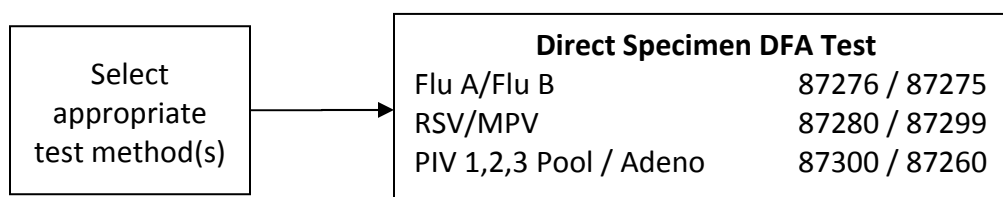
Description	CPT	Medicare Clinical Lab Fee Schedule <sup>18</sup> National Limit Allowable 2011
Influenza A	87276	\$16.88
Influenza B	87275	\$16.88
Respiratory Syncytial Virus (RSV)	87280	\$16.88
Human Metapneumovirus (MPV)	87299	\$16.88
Parainfluenza Pool <sup>19</sup>	87300	\$16.88
Adenovirus	87260	\$16.88

It is recommended that specimens found to be negative for influenza A virus, influenza B virus, RSV, adenovirus, or parainfluenza viruses after examination of the direct specimen result be confirmed by cell culture. Specimens found to be negative for MPV after examination of the direct specimen results should be confirmed by an FDA-cleared human metapneumovirus molecular assay.<sup>20</sup>

### Coding for Cell Culture Testing

Appropriate screening and ID kits,<sup>21</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### Coding Diagram<sup>17</sup>



<sup>17</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>18</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>19</sup> Parainfluenza Pool can be typed (PIV 1, PIV 2, PIV 3) using the D<sup>3</sup> Ultra™ DFA Parainfluenza Reagent Set.

<sup>20</sup> See product insert.

<sup>21</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## D<sup>3</sup> FastPoint L-DFA Influenza A/Influenza B Virus Identification Kit

### **Coding for Direct Specimen Testing<sup>22</sup>**

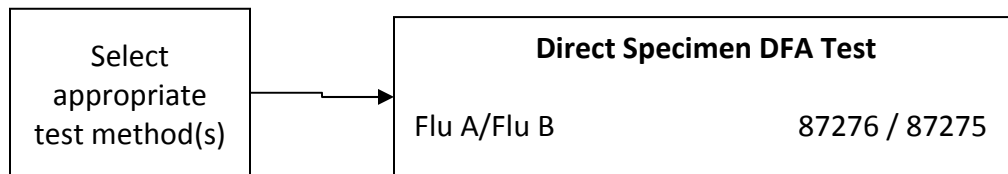
Description	CPT	Medicare Clinical Lab Fee Schedule <sup>23</sup> National Limit Allowable 2011
Influenza A	87276	\$16.88
Influenza B	87275	\$16.88

It is recommended that specimens found to be negative for influenza A or influenza B virus after examination of the direct specimen result be confirmed by cell culture.<sup>24</sup>

### **Coding for Cell Culture Testing**

Appropriate screening and ID kits,<sup>25</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### **Coding Diagram<sup>22</sup>**



<sup>22</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>23</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>24</sup> See product insert.

<sup>25</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## D<sup>3</sup> FastPoint L-DFA RSV/MPV Identification Kit

### Coding for Direct Specimen Testing<sup>26</sup>

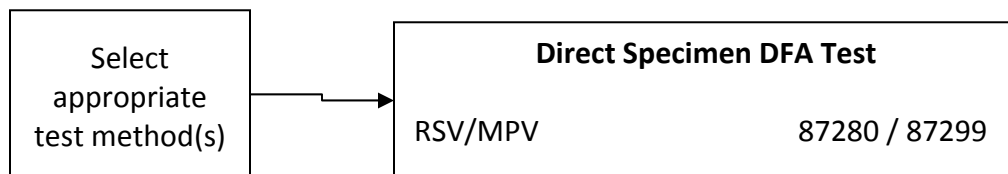
Description	CPT	Medicare Clinical Lab Fee Schedule <sup>27</sup> National Limit Allowable 2011
Respiratory Syncytial Virus (RSV)	87280	\$16.88
Human Metapneumovirus (MPV)	87299	\$16.88

It is recommended that specimens found to be negative for RSV after examination of the direct specimen result be confirmed by cell culture. Specimens found to be negative for MPV after examination of the direct specimen results should be confirmed by an FDA-cleared MPV molecular assay.<sup>28</sup>

### Coding for Cell Culture Testing

Appropriate screening and ID kits,<sup>29</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### Coding Diagram<sup>26</sup>



<sup>26</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>27</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>28</sup> See product insert.

<sup>29</sup> D<sup>3</sup> Ultra™ DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet™ DFA Influenza A/Respiratory Virus Screening Kit.

## Sofia Influenza A+B FIA

### **Coding for Direct Specimen Testing<sup>30</sup>**

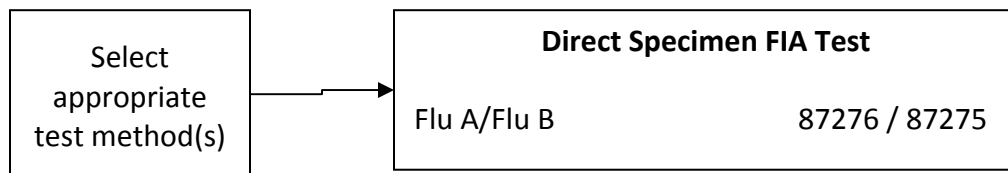
Description	CPT	Medicare Clinical Lab Fee Schedule <sup>31</sup> National Limit Allowable 2011
Influenza A	87276	\$16.88
Influenza B	87275	\$16.88

A negative test is presumptive and it is recommended these results be confirmed by cell culture.<sup>32</sup>

### **Coding for Cell Culture Testing**

Appropriate screening and ID kits,<sup>33</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### **Coding Diagram<sup>30</sup>**



<sup>30</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>31</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>32</sup> See product insert.

<sup>33</sup> D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit or the D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit.

## D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit

### **Coding for Direct Specimen Testing<sup>34</sup>**

Description	CPT <sup>35,36</sup>	Medicare Clinical Lab Fee Schedule <sup>37</sup> National Limit Allowable 2011
Respiratory Virus Screen <sup>36</sup>	87300	\$16.88
Influenza A	87276	\$16.88
Influenza B	87275	\$16.88
Respiratory Syncytial Virus (RSV)	87280	\$16.88
Adenovirus	87260	\$16.88
Parainfluenza 1 (PIV 1)	87279	\$16.88
Parainfluenza 2 (PIV 2)	87279-59	\$16.88
Parainfluenza 3 (PIV 3)	87279-59	\$16.88

It is recommended that specimens found to be negative for influenza A virus, influenza B virus, RSV, adenovirus, and parainfluenza viruses after examination of the direct specimen result be confirmed by cell culture.<sup>38</sup>

### **Coding for Cell Culture<sup>34</sup>**

#### **(Alternative to Direct Specimen Testing or for Confirmation of Negatives)**

Appropriate cell lines for initial culture testing or for results found to be negative after examination of the direct specimen (DFA or lateral flow test) may also be purchased from Diagnostic Hybrids.

Cell Culture Method	CPT	Modifier (if necessary) <sup>35</sup>	Medicare Clinical Lab Fee Schedule <sup>37</sup> National Limit Allowable 2011
<i>Tube</i>	87252	Not Applicable	\$36.68
<i>Multi-Well Plate</i>	87254	59	\$27.52
<i>Shell-Vial</i>	87254	59	\$27.52

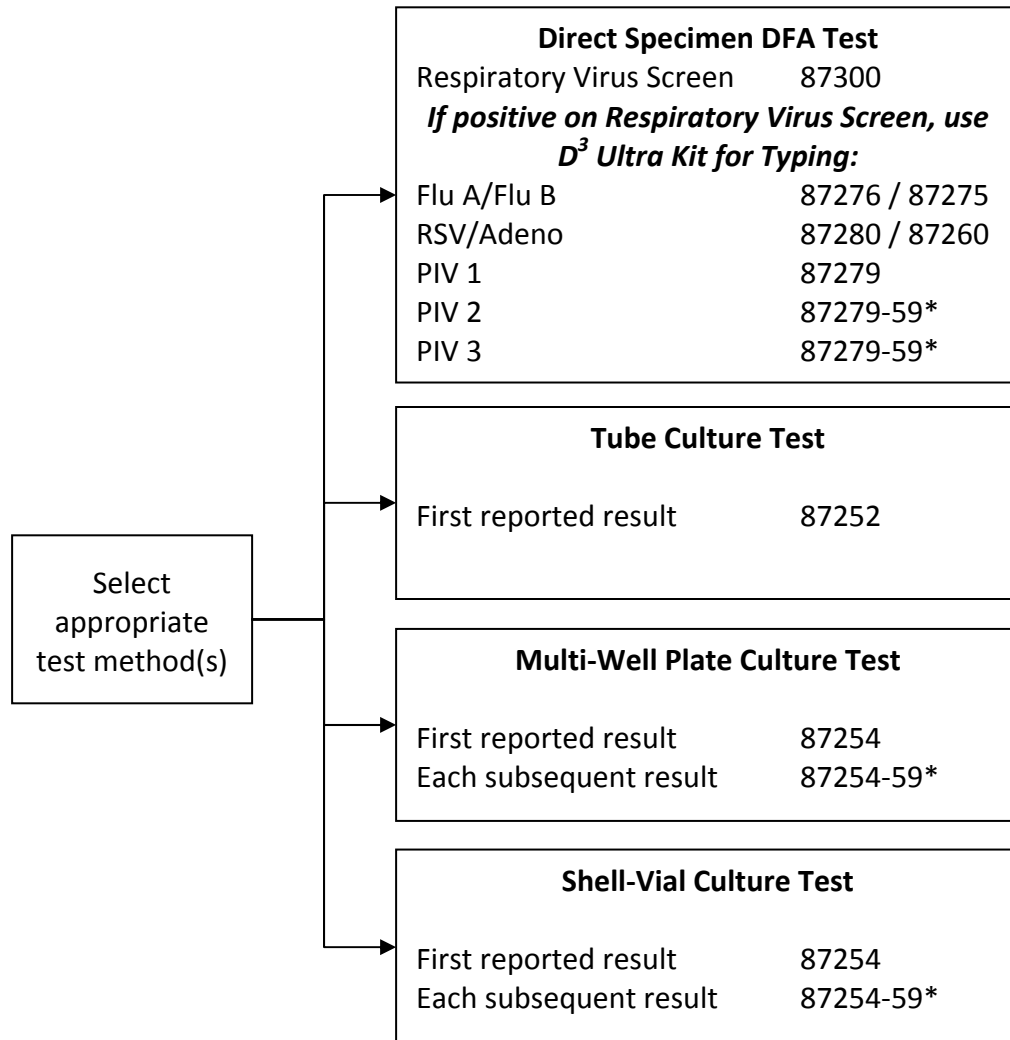
<sup>34</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>35</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>36</sup> Respiratory Virus Screen can be typed (Flu A, Flu B, RSV, Adeno, PIV 1, PIV 2, PIV 3) using the D<sup>3</sup> Ultra DFA Respiratory Virus Screening and ID Kit.

<sup>37</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>38</sup> See product insert.

**Coding Diagram<sup>34</sup>**

\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

## D<sup>3</sup> DFA Metapneumovirus Identification Kit

### Coding for Direct Specimen Testing<sup>39</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>40</sup> National Limit Allowable 2011
Human Metapneumovirus (MPV)	87299	\$16.88

Specimens found to be negative for MPV after examination should be confirmed by an FDA-cleared MPV molecular assay.

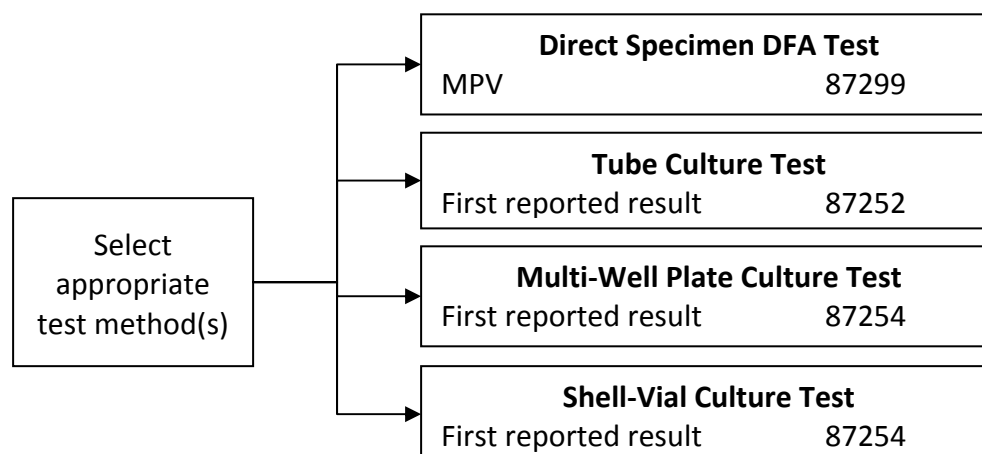
### Coding for Cell Culture<sup>39</sup>

#### (Alternative to Direct Specimen Testing or for Confirmation of Negatives)

Appropriate cell lines for initial culture testing or for results found to be negative after examination of the direct specimen (DFA or lateral flow) may also be purchased from Diagnostic Hybrids.

Cell Culture Method	CPT	Modifier (if necessary) <sup>41</sup>	Medicare Clinical Lab Fee Schedule <sup>40</sup> National Limit Allowable 2011
Tube	87252	Not Applicable	\$36.68
Multi-Well Plate	87254	Not Applicable	\$27.52
Shell-Vial	87254	Not Applicable	\$27.52

### Coding Diagram<sup>39</sup>



\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>39</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>40</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>41</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

## D<sup>3</sup> Duet DFA Influenza A/Respiratory Virus Screening Kit

### **Coding for Direct Specimen Testing<sup>42</sup>**

Description	CPT <sup>43,44</sup>	Medicare Clinical Lab Fee Schedule <sup>45</sup> National Limit Allowable 2011
Influenza A	87276	\$16.88
Respiratory Virus Screen <sup>40</sup>	87300	\$16.88
Influenza B	87275	\$16.88
Respiratory Syncytial Virus (RSV)	87280	\$16.88
Adenovirus	87260	\$16.88
Parainfluenza 1 (PIV 1)	87279	\$16.88
Parainfluenza 2 (PIV 2)	87279-59	\$16.88
Parainfluenza 3 (PIV 3)	87279-59	\$16.88

It is recommended that specimens found to be negative for influenza A virus, influenza B virus, RSV, adenovirus, and parainfluenza viruses after examination of the direct specimen result be confirmed by cell culture.<sup>46</sup>

### **Coding for Cell Culture<sup>42</sup>**

#### **(Alternative to Direct Specimen Testing or for Confirmation of Negatives)**

Appropriate cell lines for initial culture testing or for results found to be negative after examination of the direct specimen (DFA or lateral flow) may also be purchased from Diagnostic Hybrids.

Cell Culture Method	CPT	Modifier (if necessary) <sup>43</sup>	Medicare Clinical Lab Fee Schedule <sup>45</sup> National Limit Allowable 2011
<i>Tube</i>	87252	Not Applicable	\$36.68
<i>Multi-Well Plate</i>	87254	59	\$27.52
<i>Shell-Vial</i>	87254	59	\$27.52

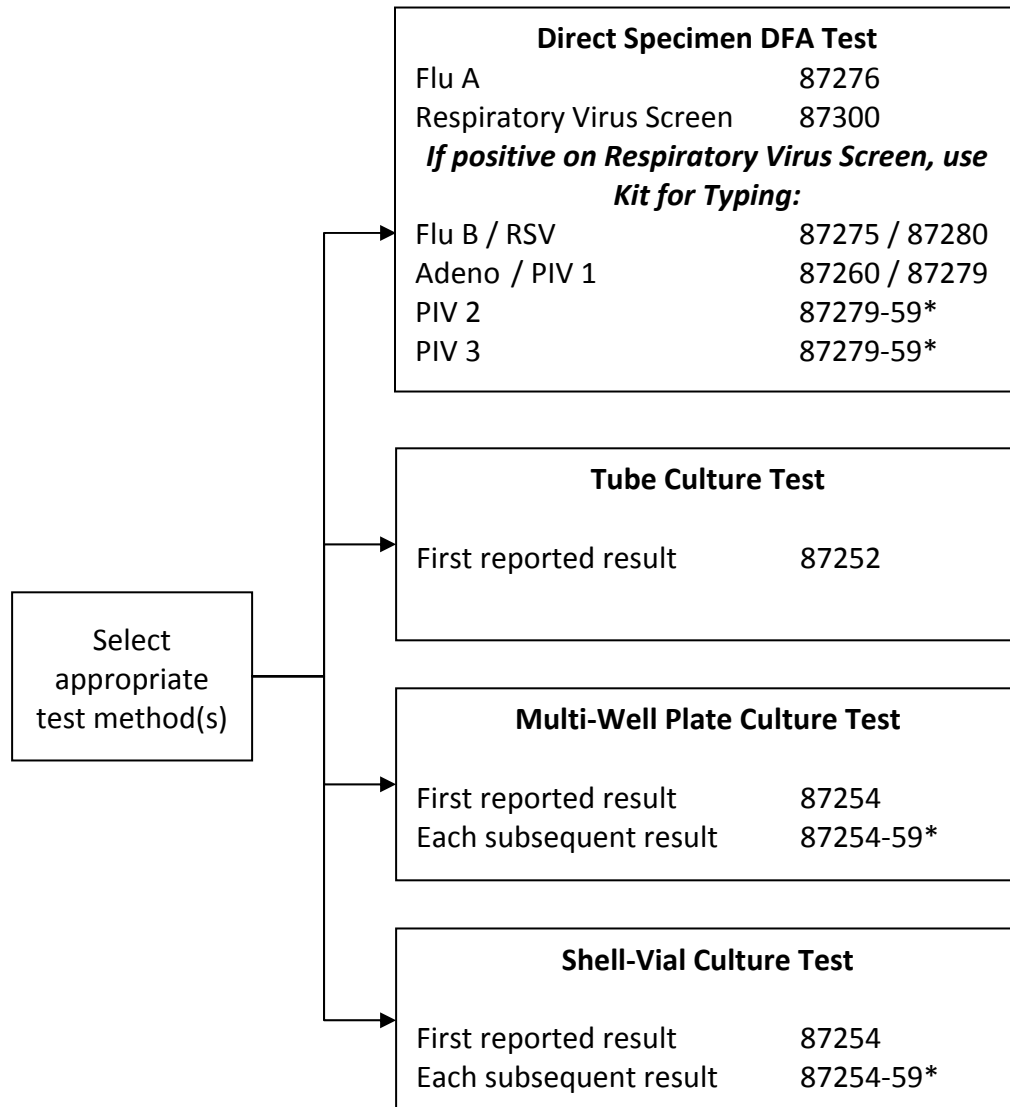
<sup>42</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>43</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>44</sup> Respiratory Virus Screen can be typed (Flu B, RSV, Adeno, PIV 1, PIV 2, PIV 3) using this kit.

<sup>45</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>46</sup> See product insert.

**Coding Diagram<sup>42</sup>**

\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

## D<sup>3</sup> Duet DFA RSV/Respiratory Virus Screening Kit

### **Coding for Direct Specimen Testing<sup>47</sup>**

Description	CPT <sup>48,49</sup>	Medicare Clinical Lab Fee Schedule <sup>50</sup> National Limit Allowable 2011
Respiratory Syncytial Virus (RSV)	87280	\$16.88
Respiratory Virus Screen <sup>49</sup>	87300	\$16.88
Influenza A	87276	\$16.88
Influenza B	87275	\$16.88
Adenovirus	87260	\$16.88
Parainfluenza 1 (PIV 1)	87279	\$16.88
Parainfluenza 2 (PIV 2)	87279-59	\$16.88
Parainfluenza 3 (PIV 3)	87279-59	\$16.88

It is recommended that specimens found to be negative for RSV, influenza A virus, influenza B virus, adenovirus, and parainfluenza viruses after examination of the direct specimen result be confirmed by cell culture.<sup>51</sup>

### **Coding for Cell Culture<sup>47</sup>**

#### **(Alternative to Direct Specimen Testing or for Confirmation of Negatives)**

Appropriate cell lines for initial culture testing or for results found to be negative after examination of the direct specimen (DFA or lateral flow) may also be purchased from Diagnostic Hybrids.

Cell Culture Method	CPT	Modifier (if necessary) <sup>48</sup>	Medicare Clinical Lab Fee Schedule <sup>50</sup> National Limit Allowable 2011
<i>Tube</i>	87252	Not Applicable	\$36.68
<i>Multi-Well Plate</i>	87254	59	\$27.52
<i>Shell-Vial</i>	87254	59	\$27.52

<sup>47</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

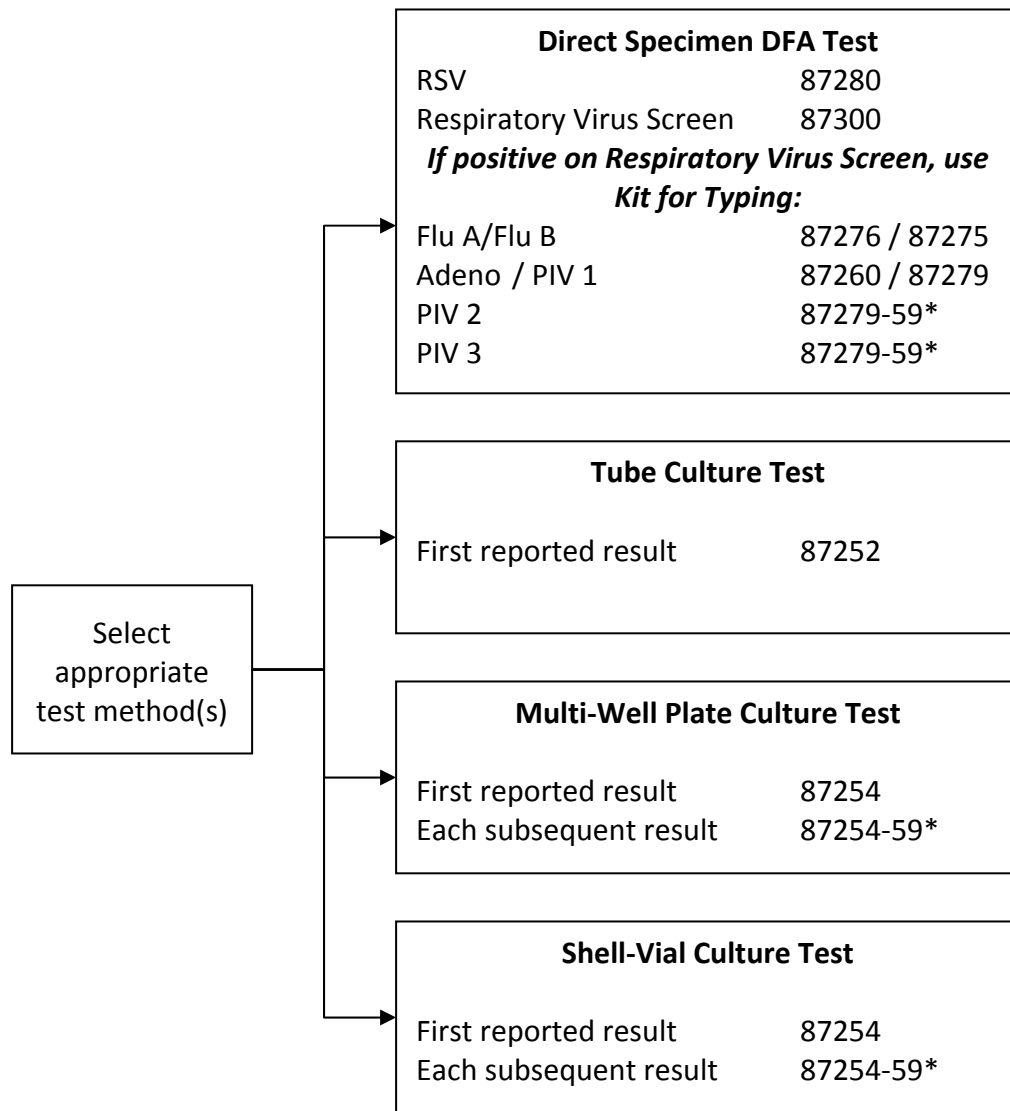
<sup>48</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>49</sup> Respiratory Virus Screen can be typed (Flu A, Flu B, Adeno, PIV 1, PIV 2, PIV 3) using this kit.

<sup>50</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>51</sup> See product insert.

## Coding Diagram<sup>47</sup>



\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

# Thyroid Testing Solutions

## Thyretain TSI Reporter BioAssay

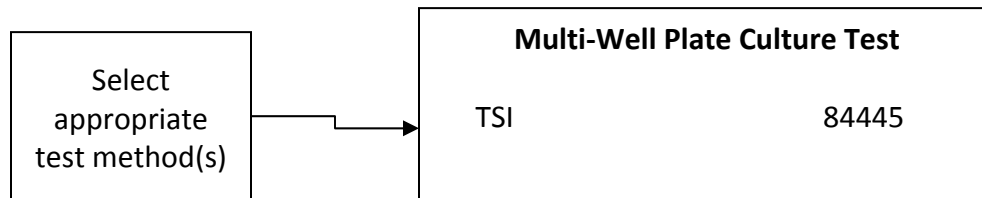
### Thyroid Testing CPT Code Descriptor (Reference)

CPT	Description
84445	Thyroid stimulating immune globulins (TSI)

### Coding<sup>52</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>53</sup> National Limit Allowable 2011
TSI	84445	\$71.56

### Coding Diagram<sup>52</sup>

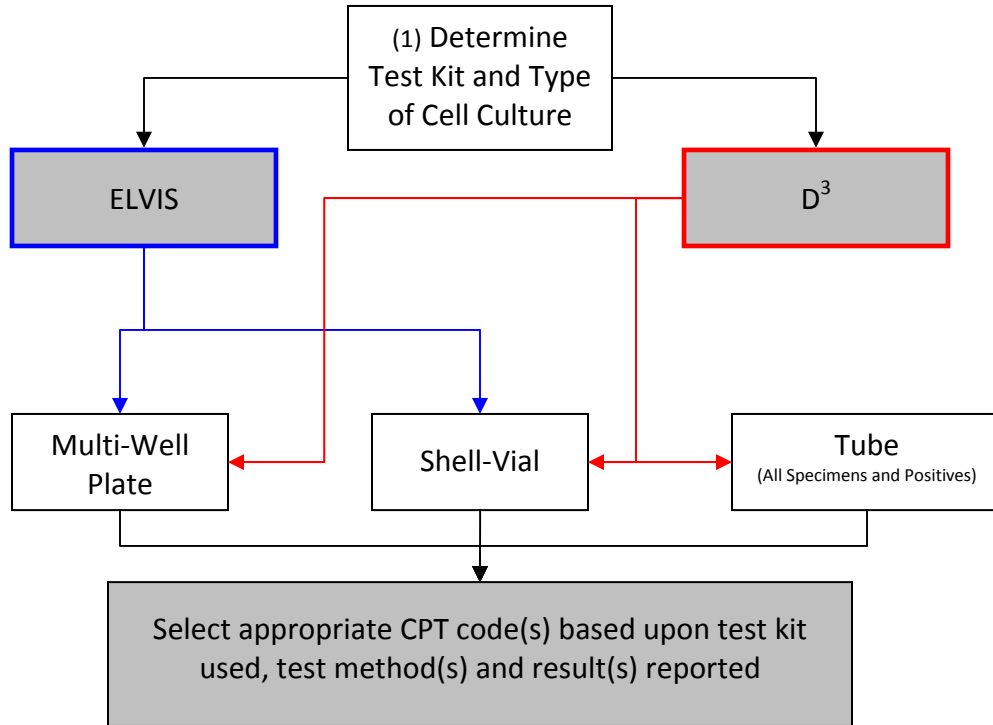


<sup>52</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>53</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Herpes Family Testing Solutions

## Herpes Family Testing Coding Roadmap



## Herpes Family Testing CPT Code Descriptors (Reference)

CPT	Description
87140	Culture, typing; immunofluorescent method, each antiserum
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)

## ELVIS HSV ID Test System and ELVIS HSV ID and D<sup>3</sup> Typing Test System

### **Coding for Herpes Simplex Virus Identification (ELVIS)<sup>54</sup>**

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>55</sup> National Limit Allowable 2011
<i>Tube</i>	Not Applicable	Not Applicable
<i>Multi-Well Plate</i>	87255	\$47.66
<i>Shell-Vial</i>	87255	\$47.66

### **Coding for Herpes Simplex Virus Typing (ELVIS)<sup>54</sup>**

Description	CPT	Modifier (if necessary) <sup>56</sup>	Medicare Clinical Lab Fee Schedule <sup>55</sup> National Limit Allowable 2011
HSV-2	87140	Not Applicable	\$7.84

Blue-cell-positive monolayers with no HSV-2 fluorescence must be stained with appropriate solution to confirm detection of HSV-1.<sup>57</sup>

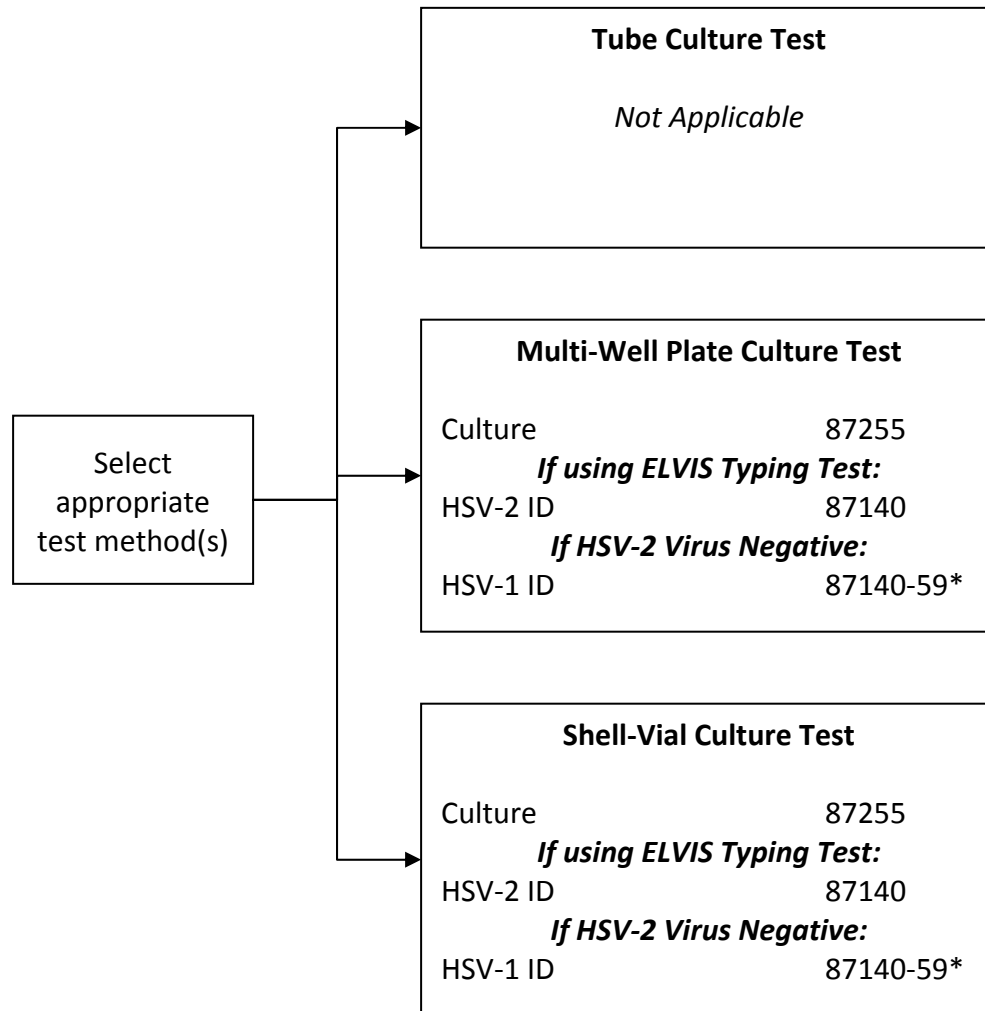
Description	CPT	Modifier (if necessary) <sup>56</sup>	Medicare Clinical Lab Fee Schedule <sup>55</sup> National Limit Allowable 2011
HSV-1	87140	59	\$7.84

<sup>54</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>55</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>56</sup> For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>57</sup> See product insert.

Coding Diagram<sup>54</sup>

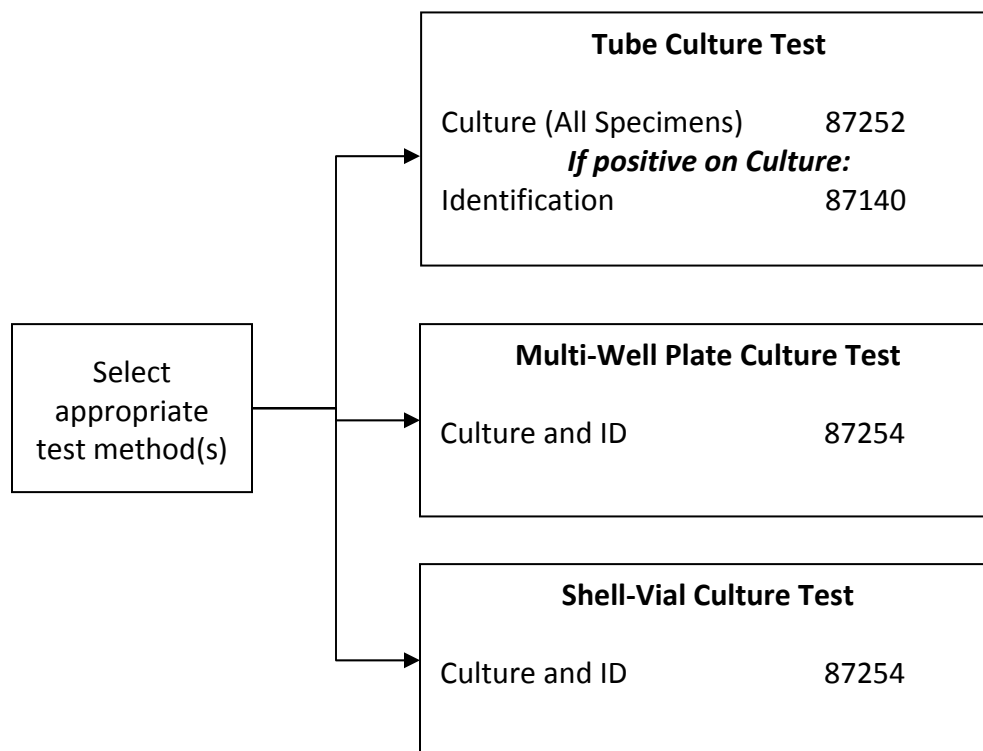
\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

## D<sup>3</sup> DFA Herpes Simplex Virus Identification Kit

### Coding for Herpes Simplex Virus Identification (D<sup>3</sup>)<sup>58</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>59</sup> National Limit Allowable 2011
<i>Tube: All Specimens</i>	87252	\$36.68
<i>Tube: Positives</i>	87140	\$7.84
<i>Multi-Well Plate</i>	87254	\$27.52
<i>Shell-Vial</i>	87254	\$27.52

### Coding Diagram<sup>58</sup>



<sup>58</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

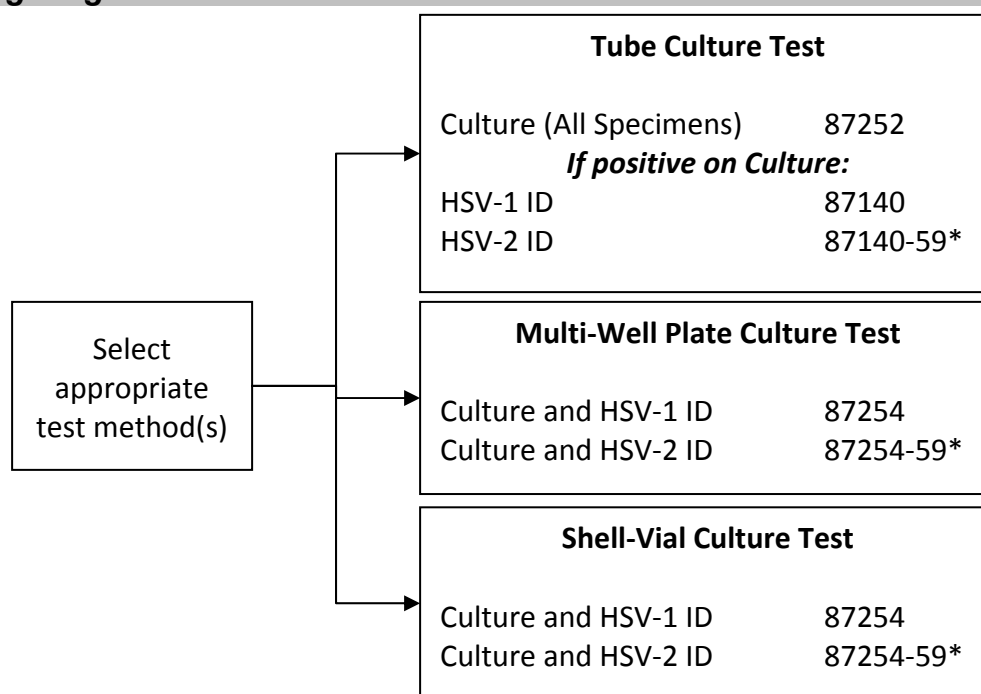
<sup>59</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## D<sup>3</sup> DFA Herpes Simplex Virus Identification and Typing Kit

### Coding for Herpes Simplex Virus Identification and Typing (D<sup>3</sup>)<sup>60</sup>

Cell Culture Method	Description	CPT	Medicare Clinical Lab Fee Schedule <sup>61</sup> National Limit Allowable 2011
<i>Tube: All Specimens</i>	Culture	87252	\$36.68
<i>Tube: Positives</i>	HSV-1	87140	\$7.84
<i>Tube: Positives</i>	HSV-2	87140-59*	\$7.84
<i>Multi-Well Plate</i>	HSV-1	87254	\$27.52
	HSV-2	87254-59*	\$27.52
<i>Shell-Vial</i>	HSV-1	87254	\$27.52
	HSV-2	87254-59*	\$27.52

### Coding Diagram<sup>60</sup>



\* For laboratory reporting purposes, modifier 59 is used to report procedures that are distinct or independent, such as performing the same procedure (that uses the same procedure code) for testing of a different specimen or different strain. Use modifier 59 when separate results are reported for different species or strains described by the same CPT Code (AMA CPT Assistant, May 2009 Vol 19 Issue 5). Alternatively, it is possible that when reporting multiple results using the same CPT code, some payers may not require use of a modifier and/or may require use of the units of service box on the claim form.

<sup>60</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

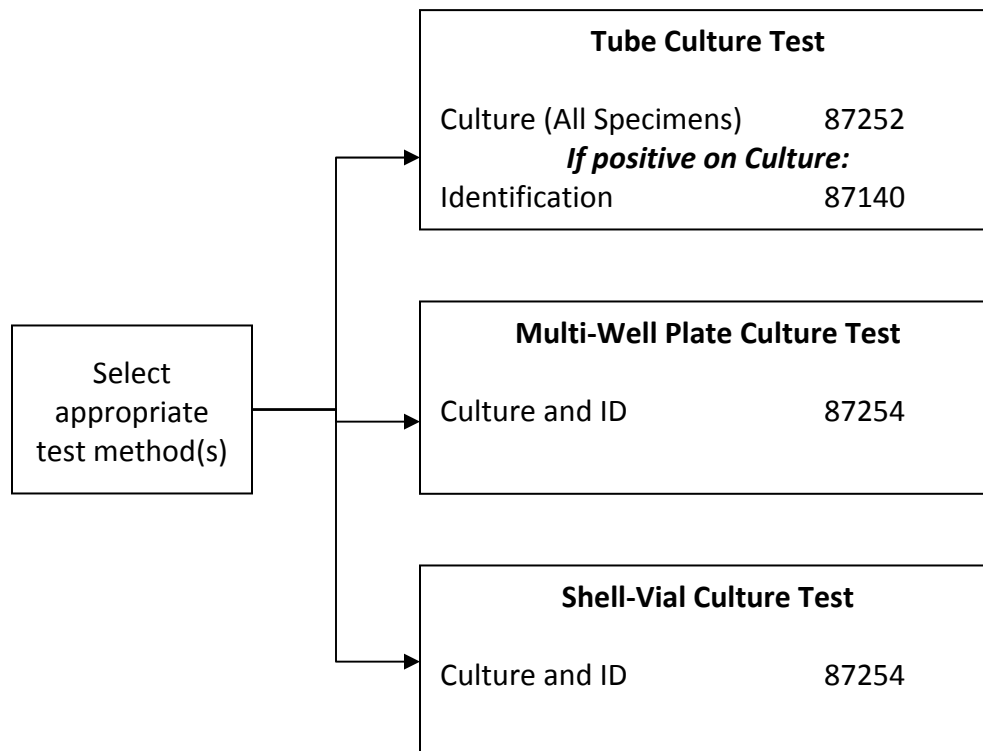
<sup>61</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## D<sup>3</sup> DFA Cytomegalovirus Immediate Early Antigen Identification Kit

### Coding<sup>62</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>63</sup> National Limit Allowable 2011
<i>Tube: All Specimens</i>	87252	\$36.68
<i>Tube: Positives</i>	87140	\$7.84
<i>Multi-Well Plate</i>	87254	\$27.52
<i>Shell-Vial</i>	87254	\$27.52

### Coding Diagram<sup>62</sup>



<sup>62</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

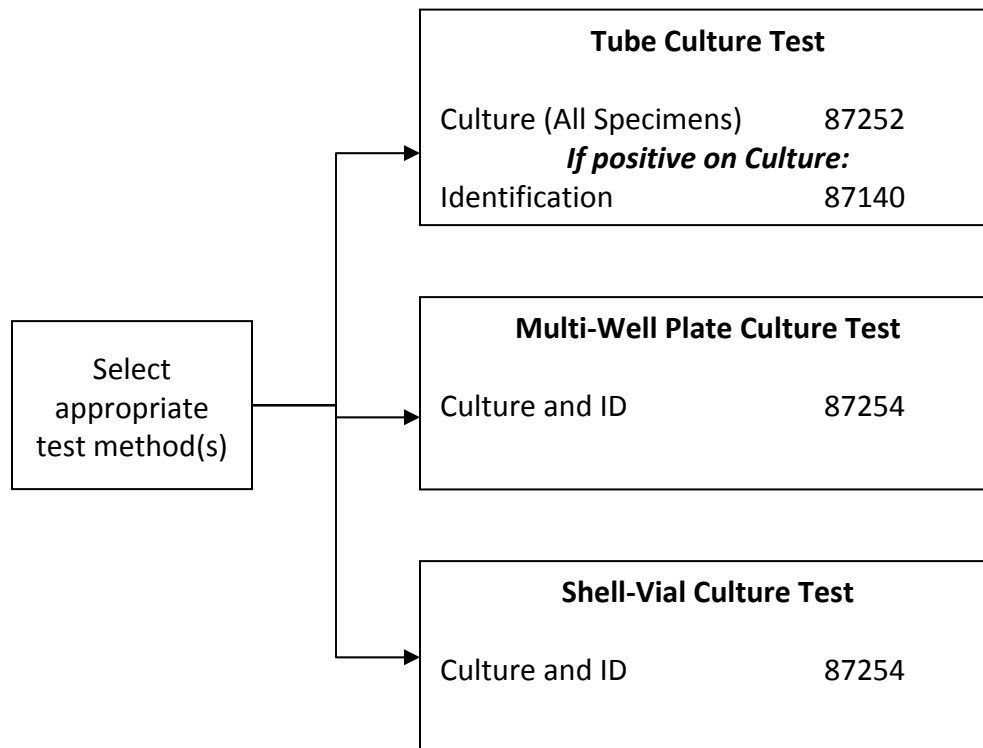
<sup>63</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## D<sup>3</sup> DFA Varicella-zoster Virus Identification Kit

### Coding<sup>64</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>65</sup> National Limit Allowable 2011
<i>Tube: All Specimens</i>	87252	\$36.68
<i>Tube: Positives</i>	87140	\$7.84
<i>Multi-Well Plate</i>	87254	\$27.52
<i>Shell-Vial</i>	87254	\$27.52

### Coding Diagram<sup>64</sup>



<sup>64</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>65</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Mononucleosis Testing Solutions

## QuickVue+ Infectious Mononucleosis Test

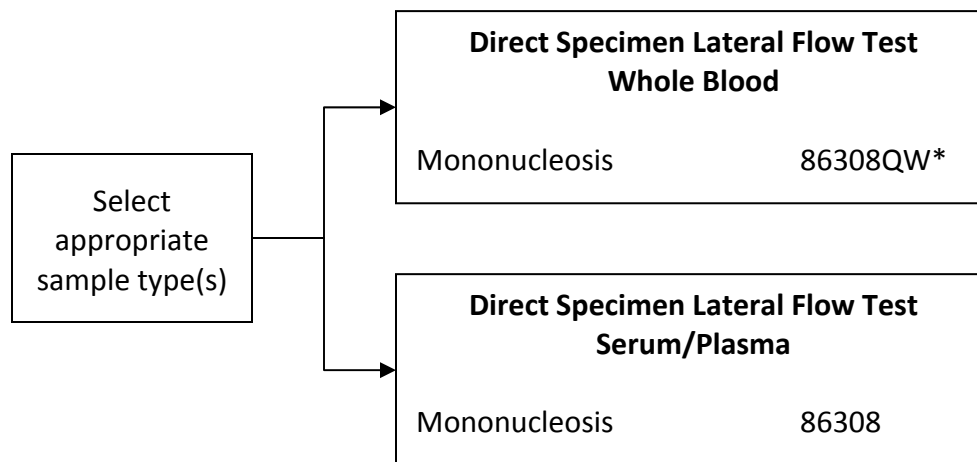
### Mononucleosis CPT Code Descriptor (Reference)

CPT	Description
86308	Heterophile antibodies; screening

### Coding for QuickVue Lateral Flow Assay<sup>66</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>67</sup> National Limit Allowable 2011
Mononucleosis	86308	QW*	\$7.28

### Coding Diagram<sup>66</sup>



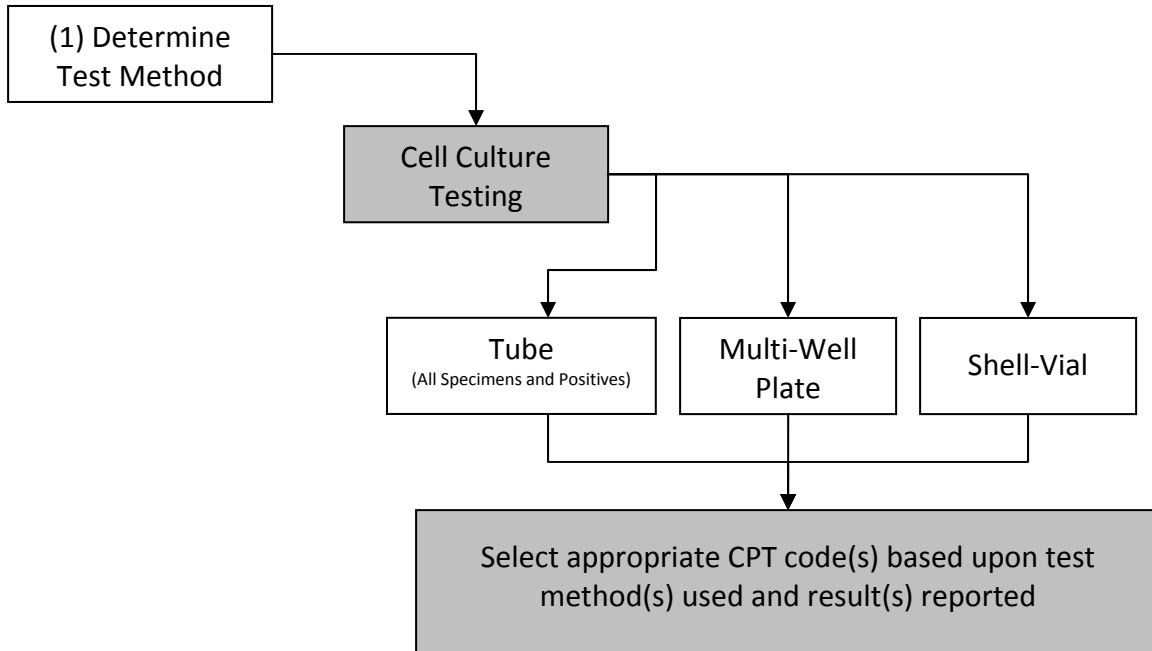
\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims.

<sup>66</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>67</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Enterovirus Testing Solutions

## Enterovirus Testing Coding Roadmap



## Enterovirus Testing CPT Code Descriptors (Reference)

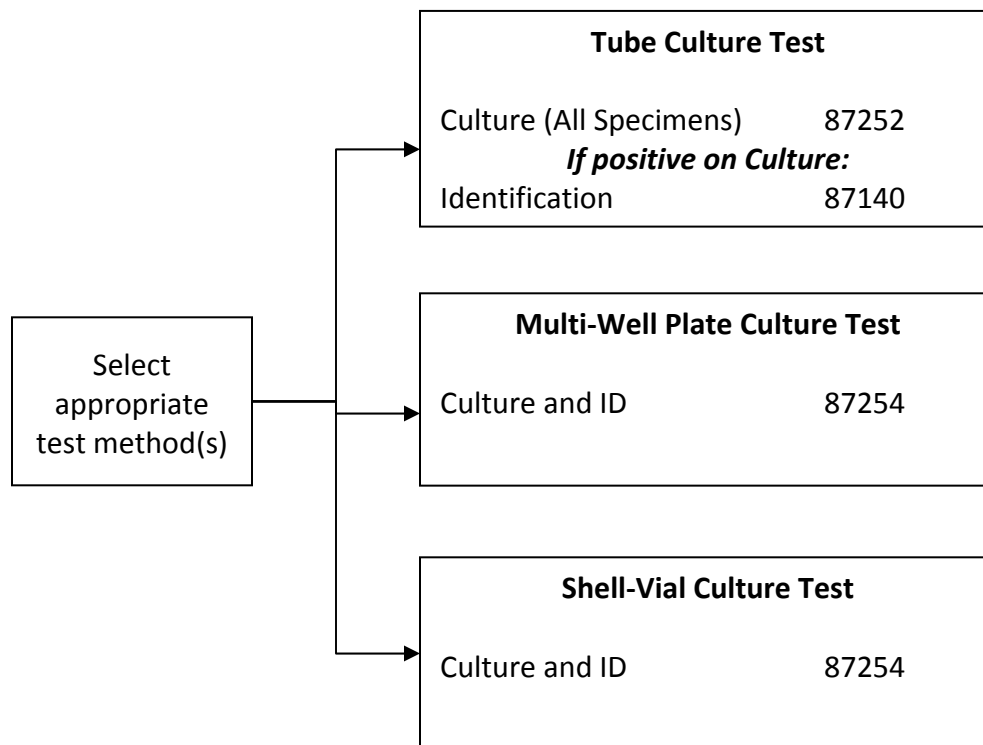
CPT	Description
87140	Culture, typing; immunofluorescent method, each antiserum
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus

## D<sup>3</sup> IFA Enterovirus Identification Kit

### Coding<sup>68</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>69</sup> National Limit Allowable 2011
<i>Tube: All Specimens</i>	87252	\$36.68
<i>Tube: Positives</i>	87140	\$7.84
<i>Multi-Well Plate</i>	87254	\$27.52
<i>Shell-Vial</i>	87254	\$27.52

### Coding Diagram<sup>68</sup>

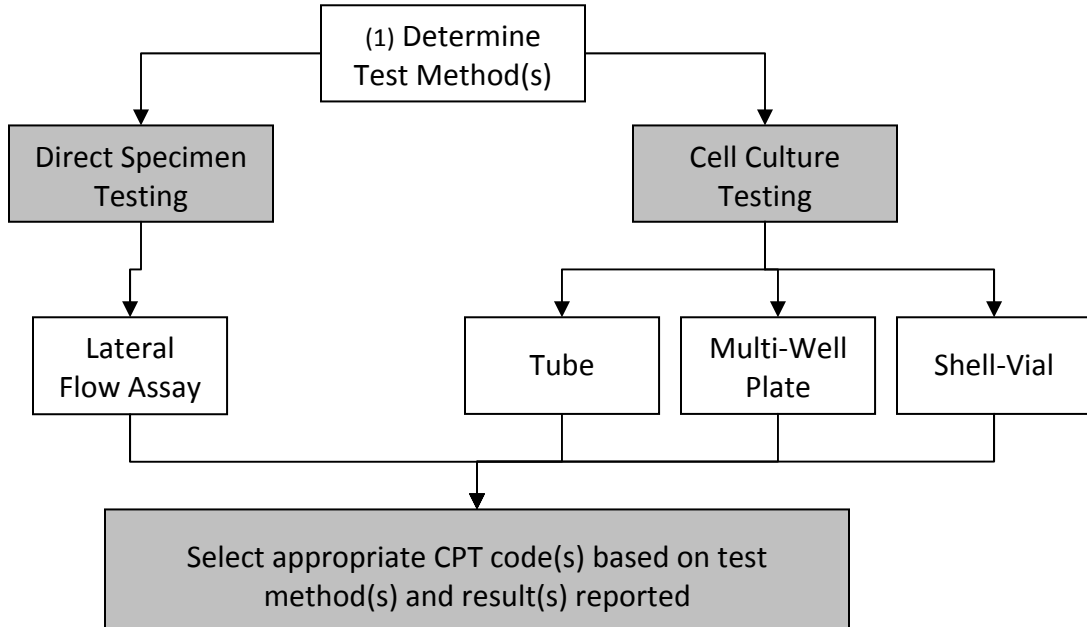


<sup>68</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>69</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Chlamydia Testing Solutions

## Chlamydia Testing Coding Roadmap



## Chlamydia Testing CPT Code Descriptors (Reference)

CPT	Description
87110	Culture, chlamydia, any source
87140	Culture, typing; immunofluorescent method, each antiserum
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

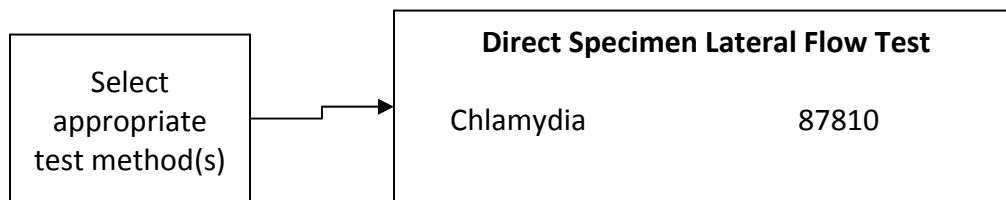
## QuickVue Chlamydia Test

### Coding for QuickVue Lateral Flow Assay<sup>70</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>71</sup> National Limit Allowable 2011
Chlamydia	87810	\$16.88

Negative results should be confirmed by cell culture.<sup>72</sup> Appropriate screening and ID kits,<sup>73</sup> as well as cell lines for culture confirmation of negative results may also be purchased from Diagnostic Hybrids.

### Coding Diagram<sup>70</sup>



<sup>70</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>71</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>72</sup> See product insert.

<sup>73</sup> D<sup>3</sup> DFA Chlamydiae Culture Confirmation Kit.

## D<sup>3</sup> DFA Chlamydiae Culture Confirmation Kit

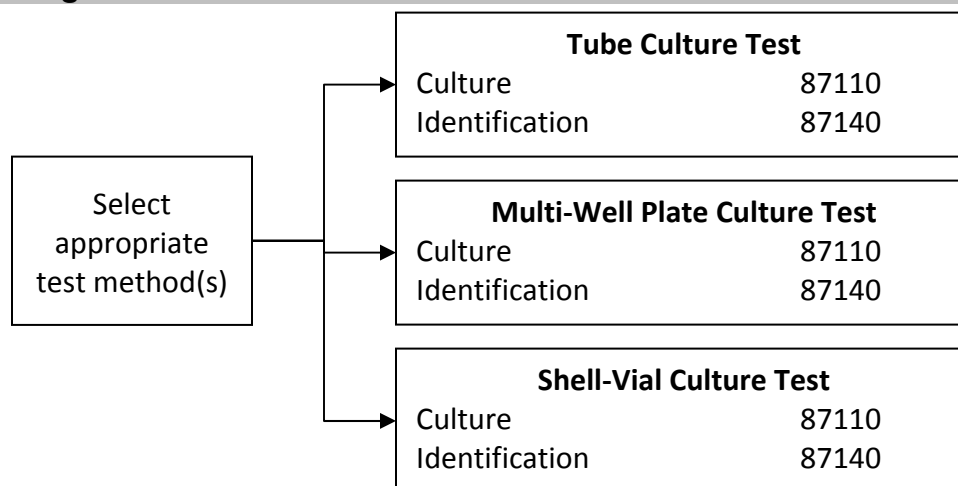
### Coding for Cell Culture Testing<sup>74</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>75</sup> National Limit Allowable 2011
<i>Tube</i>	87110	\$27.57
<i>Multi-Well Plate</i>	87110	\$27.57
<i>Shell-Vial</i>	87110	\$27.57

### Coding for Cell Culture Identification<sup>74</sup>

Cell Culture Method	CPT	Medicare Clinical Lab Fee Schedule <sup>75</sup> National Limit Allowable 2011
<i>Tube</i>	87140	\$7.84
<i>Multi-Well Plate</i>	87140	\$7.84
<i>Shell-Vial</i>	87140	\$7.84

### Coding Diagram<sup>70</sup>

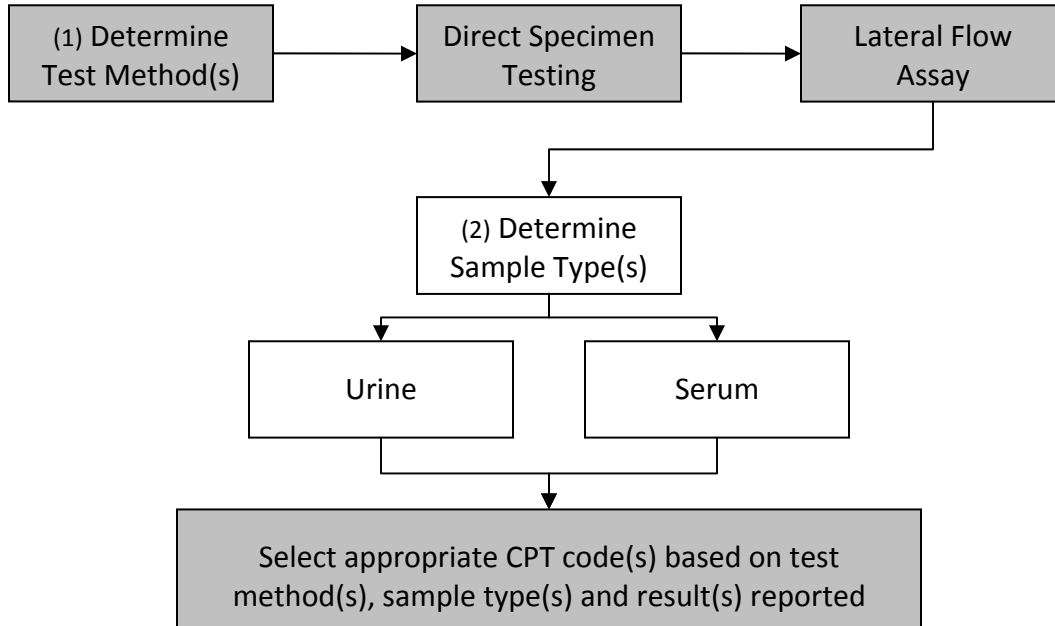


<sup>74</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>75</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Pregnancy Testing Solutions

## Pregnancy Testing Coding Roadmap



## Pregnancy Testing CPT Code Descriptors (Reference)

CPT	Description
81025	Urine pregnancy test, by visual color comparison methods
84703	Gonadotropin, chorionic (hCG); qualitative

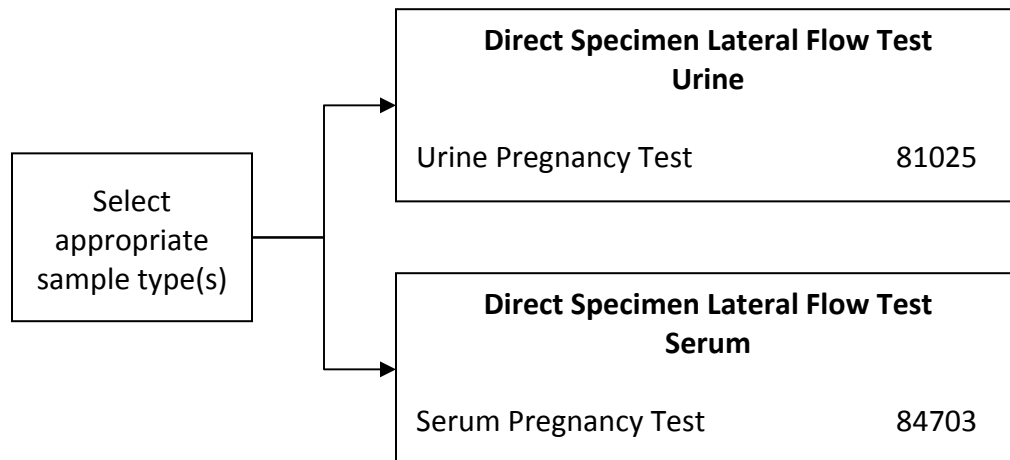
**QuickVue One-Step hCG Urine Test**  
**QuickVue One-Step hCG Combo Test**  
**QuickVue+ One-Step hCG Combo Test**  
**RapidVue hCG Test**

**Coding for QuickVue Lateral Flow Assay<sup>76</sup>**

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>77</sup>
		National Limit Allowable 2011
Urine hCG	81025	\$8.90
Serum hCG	84703	\$10.57

If a negative result is obtained but pregnancy is suspected, hCG levels may be too low or urine may be too dilute for detection. Another specimen should be collected after 48-72 hours and tested. If waiting 48 hours is not medically advisable, the test result should be confirmed with a quantitative hCG test.<sup>78</sup>

**Coding Diagram<sup>76</sup>**



<sup>76</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>77</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>78</sup> See product insert.

# H. pylori Testing Solutions

## QuickVue H. pylori gII Test

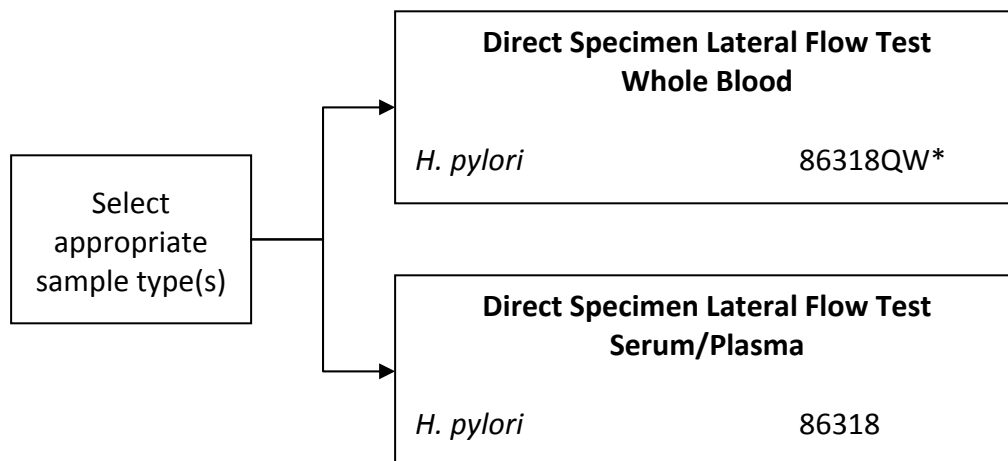
### H. pylori CPT Code Descriptor (Reference)

CPT	Description
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)

### Coding for QuickVue Lateral Flow Assay<sup>79</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>80</sup> National Limit Allowable 2011
H. pylori	86318	QW*	\$18.22

### Coding Diagram<sup>79</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims.

<sup>79</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>80</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Fecal Occult Blood Testing Solutions

## QuickVue iFOB (immunochemical Fecal Occult Blood) Test

### iFOBT CPT Code Descriptor (Reference)

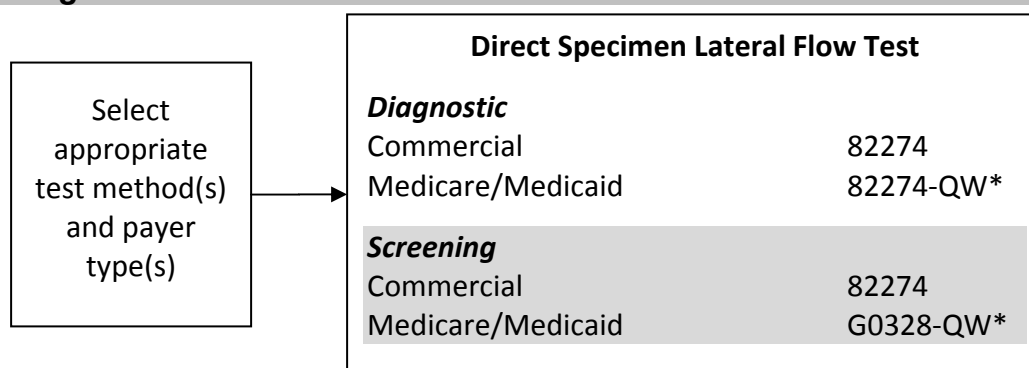
CPT	Description
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
G0328	Fecal occult blood test; screening for colorectal cancer

### Coding for QuickVue Lateral Flow Assay<sup>81</sup>

Description	CPT	Modifier (if necessary)	Medicare Clinical Lab Fee Schedule <sup>82</sup> National Limit Allowable 2011
<b>Diagnostic</b> (Commercial)	82274	Not Applicable	\$22.38
<b>Diagnostic</b> (Medicare or Medicaid)	82274	QW*	\$22.38
<b>Screening</b> (Commercial)	82274	Not Applicable	\$22.38
<b>Screening</b> (Medicare or Medicaid)	G0328	QW*	\$22.38

A positive result should be followed up with additional diagnostic procedures to determine the exact cause and source of the occult blood in feces. False negative results may occur when occult blood is not uniformly distributed throughout the bowel movement and the formation of a fecal specimen. Repeat testing is recommended if a pathological condition is suspected.<sup>83</sup>

### Coding Diagram<sup>81</sup>



\*"QW" modifier is added to report use of CLIA-waived test system(s) for Medicare or Medicaid claims.

<sup>81</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>82</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

<sup>83</sup> See product insert.

## C. difficile Toxin

### Reagents for Cytotoxicity Assay for Clostridium difficile Toxin

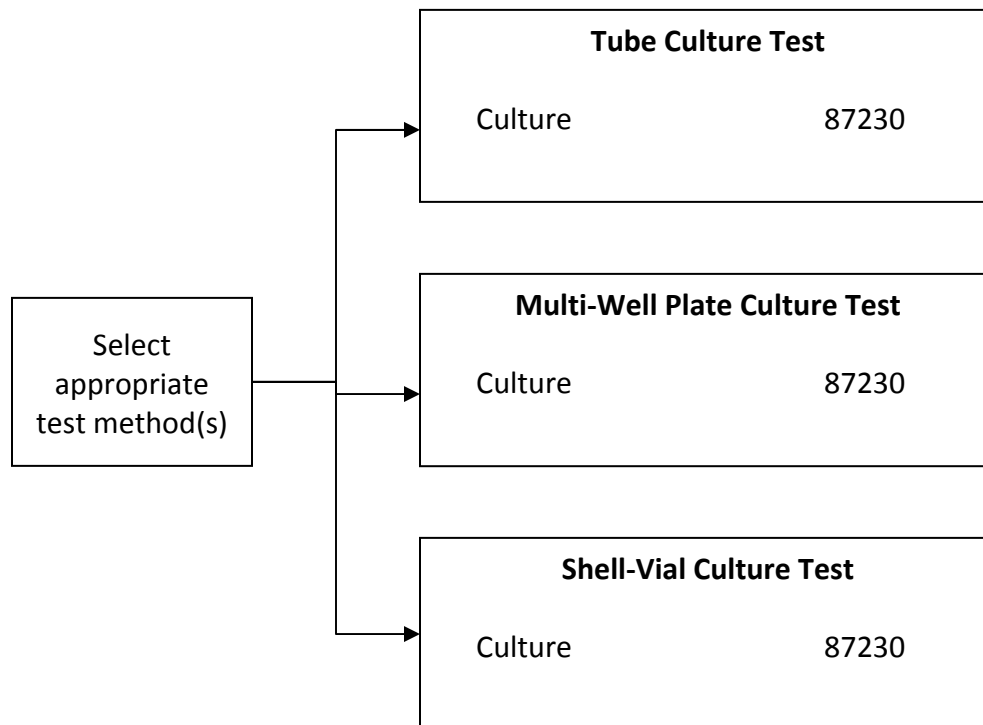
#### C. difficile Toxin CPT Code Descriptor (Reference)

CPT	Description
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)

#### Coding<sup>84</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>85</sup> National Limit Allowable 2011
Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	87230	\$27.79

#### Coding Diagram<sup>84</sup>

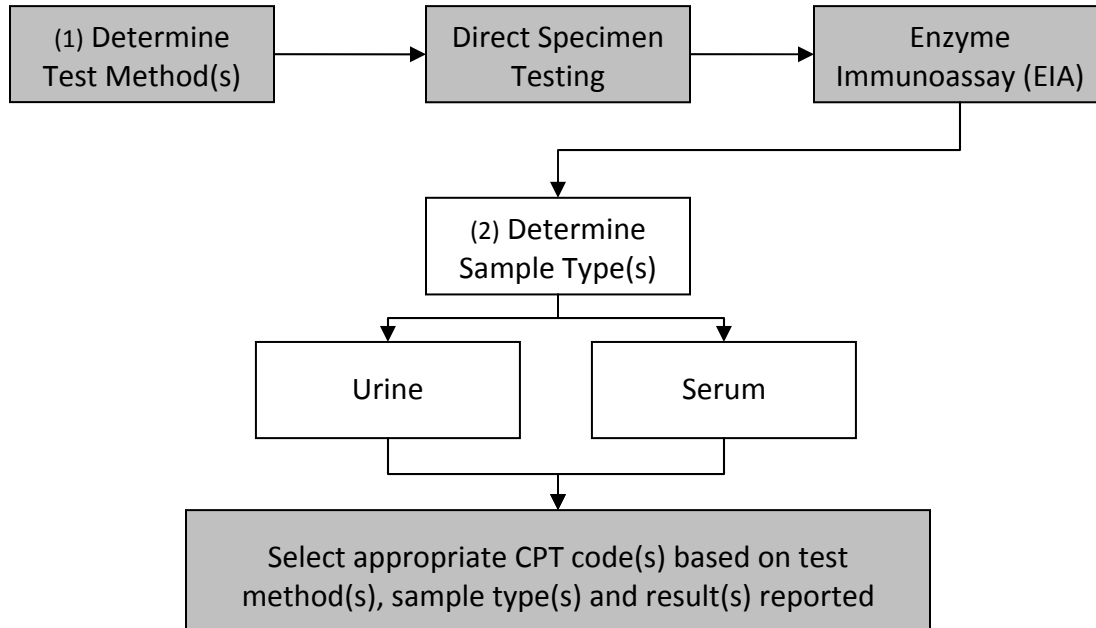


<sup>84</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>85</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Bone Health Testing Solutions

## Bone Health Testing Coding Roadmap



## Bone Health Testing CPT Code Descriptors (Reference)

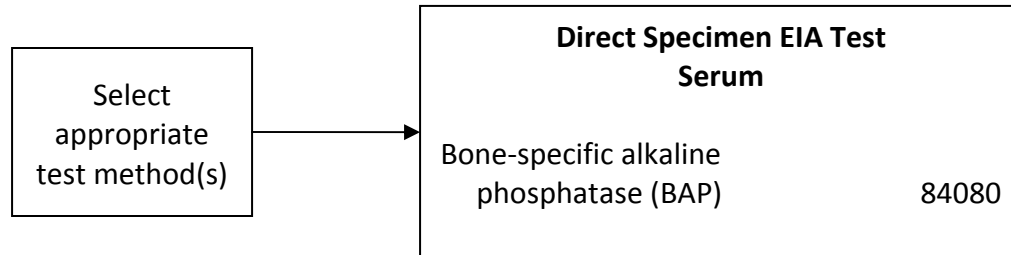
CPT	Description
82523	Collagen cross links, any method
84080	Phosphatase, alkaline; isoenzymes

## MicroVue BAP

### Coding<sup>86</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>87</sup> National Limit Allowable 2011
Phosphatase, alkaline; isoenzymes	84080	\$20.82

### Coding Diagram<sup>86</sup>



<sup>86</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

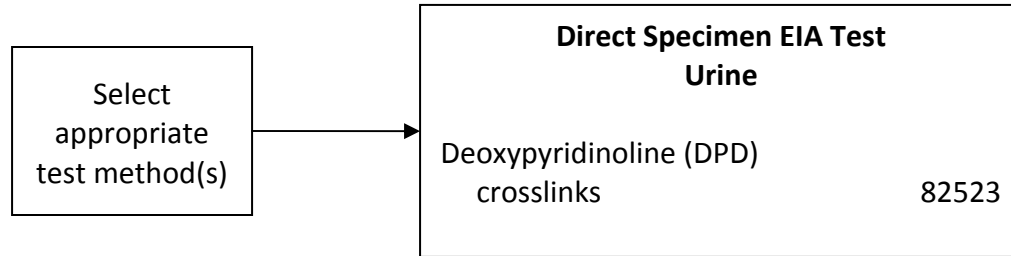
<sup>87</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue DPD

### Coding<sup>88</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>89</sup> National Limit Allowable 2011
Collagen cross links, any method	82523	\$26.31

### Coding Diagram<sup>88</sup>



<sup>88</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

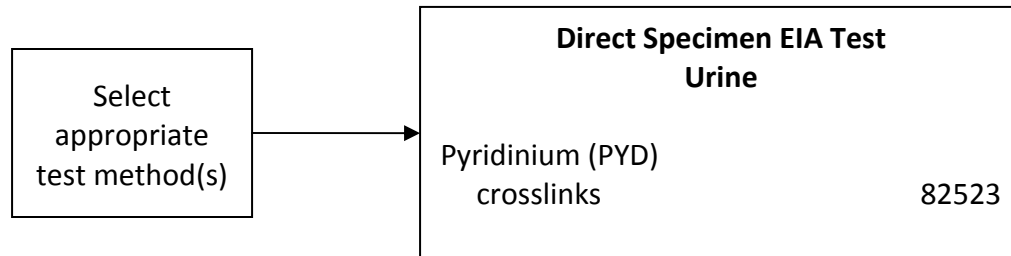
<sup>89</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue PYD

### Coding<sup>90</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>91</sup> National Limit Allowable 2011
Collagen cross links, any method	82523	\$26.31

### Coding Diagram<sup>90</sup>

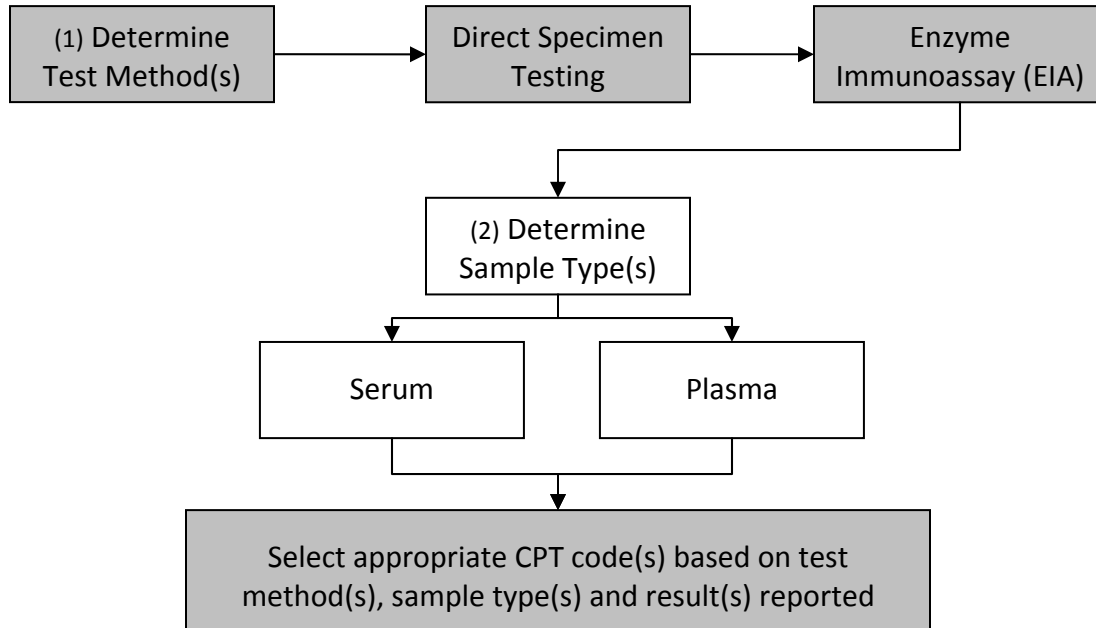


<sup>90</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>91</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

# Complement Testing Solutions

## Complement Testing Coding Roadmap



## Bone Health Testing CPT Code Descriptors (Reference)

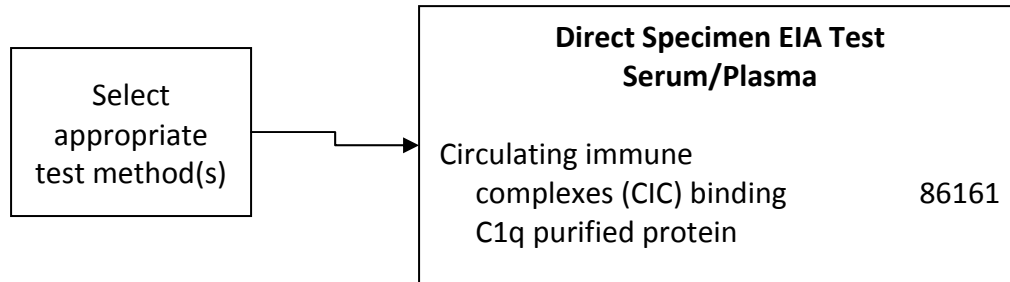
CPT	Description
86161	Complement; functional activity, each component
86162	Complement; total hemolytic (CH50)

## MicroVue CIC-C1q

### Coding<sup>92</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>93</sup> National Limit Allowable 2011
Complement; functional activity, each component	86161	\$16.89

### Coding Diagram<sup>92</sup>



<sup>92</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

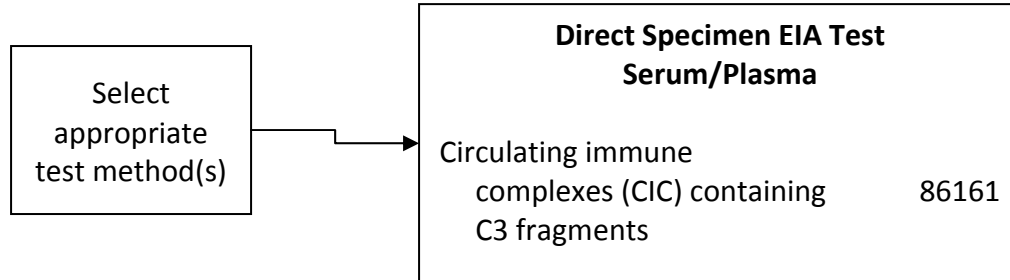
<sup>93</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue CIC-Raji

### Coding<sup>94</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>95</sup> National Limit Allowable 2011
Complement; functional activity, each component	86161	\$16.89

### Coding Diagram<sup>94</sup>



<sup>94</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

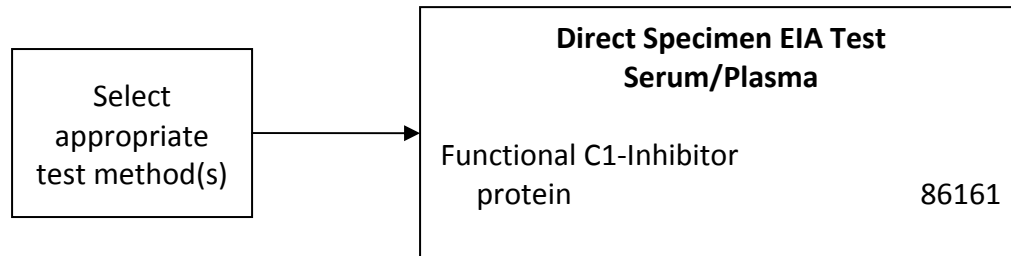
<sup>95</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue C1-Inhibitor

### Coding<sup>96</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>97</sup> National Limit Allowable 2011
Complement; functional activity, each component	86161	\$16.89

### Coding Diagram<sup>96</sup>



<sup>96</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

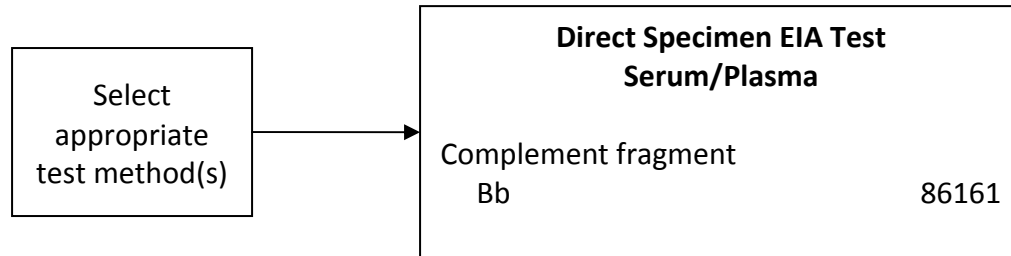
<sup>97</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue Bb Plus

### Coding<sup>98</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>99</sup> National Limit Allowable 2011
Complement; functional activity, each component	86161	\$16.89

### Coding Diagram<sup>98</sup>



<sup>98</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

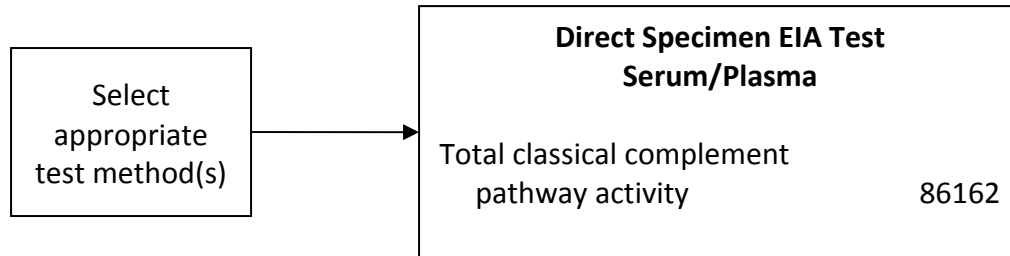
<sup>99</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## MicroVue CH50- Eq

### Coding<sup>100</sup>

Description	CPT	Medicare Clinical Lab Fee Schedule <sup>101</sup> National Limit Allowable 2011
Complement; total hemolytic (CH50)	86162	\$28.59

### Coding Diagram<sup>100</sup>



<sup>100</sup> It is the sole responsibility of the health care provider of service to verify reimbursement policies and select the appropriate CPT and ICD-9-CM codes to accurately reflect patient condition(s) and testing procedure(s).

<sup>101</sup> Cited is the Medicare Clinical Laboratory Fee Schedule National Limit Allowable (NLA). For a state-by-state fee schedule, visit <http://www.cms.gov/ClinicalLabFeeSched/>.

## Document History

Status	Date	Action(s)	
Revised (v2)	October 2010	Product addition(s) Product correction(s) Section addition(s)	QuickVue RSV10; RapidVue hCG QuickVue+ Mononucleosis Bone Health Testing Solutions; Complement Testing Solutions
Revised (v3)	December 2010	2011 update	2011 Medicare Clinical Lab Fee Schedule (CLFS) NLA
Revised (v4)	January 2011	Product correction(s)	QuickVue RSV10; QuickVue Dipstick Strep A; QuickVue In-Line Strep A; QuickVue+ Strep A
Revised (v5)	October 2011	Platform addition Product addition Product correction(s)	Sofia FIA Sofia Influenza A+B FIA QuickVue+ Strep A; D <sup>3</sup> FastPoint (all); D <sup>3</sup> DFA Metapneumovirus; QuickVue+ Infectious Mononucleosis

