Frequently Asked Questions

What is the CMS suggested CPT code and National Limit amount for the QuickVue RSV 10 Test?
The suggested CPT code is 87807.* The Medicare National Limit amount** is $14.80.

What is the CLIA complexity of the test?
The test is CLIA moderately complex.

How often should the external controls be run on the kit?
Quidel recommends that positive and negative controls be run once for every untrained operator, once for each new shipment of kits – provided that each different lot received in the shipment is tested – and as deemed additionally necessary by your internal quality control procedures, and in accordance with Local, State and Federal regulations or accreditation requirements.

Who may be tested with the kit?
The test is designed for symptomatic pediatric patients less than 6 years of age.

What are the approved sample types for the kit?
Nasopharyngeal swabs and nasopharyngeal aspirates/washes.

What is the shelf life of the kit? How should it be stored?
The shelf life is 24 months from the date of manufacture. The kit should be stored at room temperature 15°C to 30°C.

How should specimens be stored and transported?
Samples should be tested as soon as possible after collection. If transport of the specimens is required, the following transport media are compatible for use when specimens are stored at 2°C to 25°C for up to 24 hours prior to testing: BD Universal Viral Transport Media, Bartels Flextrans Media, Copan Universal Transport Media, Hanks Balanced Salt Solution, MS Media, and Saline.

What type of swab can I use to collect the sample?
For proper test performance, use the swabs provided in the kit. To order additional swabs, use Quidel Cat. #20226. These are Nylon Flocked swabs made by Copan Diagnostics.
Can RSV be contracted from contact with the controls?
No. The Positive Control Swab is coated with non-infectious RSV antigen, and the Negative Control Swab is coated with formalin-inactivated, non-infectious Streptococcus C antigen.

How accurate is the QuickVue RSV 10 Test?
Nasopharyngeal aspirate/wash sensitivity is 90% and specificity is 96%. Nasopharyngeal swab sensitivity is 86% and specificity is 95%. These data were obtained in comparison to viral cell culture and direct fluorescent antibody (DFA) staining.

Refer to the Package Insert on our website at quidel.com for additional performance claims.

*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 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.

**For state by state fee schedule go to www.cms.gov