Reimbursement code
The assigned CPT® (Current Procedural Terminology) code for the AdenoPlus test is 87809, “infectious agent antigen detection by immunoassay with direct optical observation.” The 2018 CMS national limit for this code is $21.76; state limits may vary. Offices submitting reimbursement for claims are required to have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.

Modifier
For Medicare and Medicaid claims, the modifier “QW” is added to the CPT code to report the use of a CLIA-waived test. CPT code 87809QW is paid from the Clinical Laboratory Fee Schedule (not the Physician Fee Schedule).

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Medicare/Medicaid</th>
<th>Commercial Payers</th>
<th>2018 National Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>87809QW</td>
<td></td>
<td>87809</td>
<td>$21.76</td>
</tr>
</tbody>
</table>

Related diagnostic codes
The following ICD-10-CM diagnostic codes describe conditions that may apply to a conjunctivitis diagnosis. Other codes may apply.

ICD-10 Codes Associated with Conjunctivitis

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10.33</td>
<td>Unspecified acute conjunctivitis, bilateral</td>
</tr>
<tr>
<td>H10.029</td>
<td>Other mucopurulent conjunctivitis, unspecified eye</td>
</tr>
<tr>
<td>H10.9</td>
<td>Unspecified conjunctivitis</td>
</tr>
<tr>
<td>B30.1</td>
<td>Conjunctivitis due to adenovirus</td>
</tr>
<tr>
<td>B30.9</td>
<td>Viral conjunctivitis, unspecified</td>
</tr>
</tbody>
</table>

Reimbursement support
Quidel has a Reimbursement Support Team available to assist you with questions about AdenoPlus 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%.
- 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%.
  - 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.

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1CPT 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.
2CLIA 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.

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.