



Reimbursement guidelines

Recommended CPT® code

The assigned CPT (Current Procedural Terminology)¹ code for the QuickVue Adenoviral conjunctivitis Test is 87809. For Medicare and Medicaid claims, add a QW modifier to indicate the test is CLIA waived.² Given that payers have varied policies, it is possible that certain payers have different coding requirements. If performing bilateral testing (testing both eyes), you may need to add one of the following modifiers to denote that each eye was tested:

- 87809QW-RT, 87809QW-LT
- 87809QW, 87809QW-59 (-59 modifier indicates that it is a distinct procedural service)
- 87809QW-50 with a single unit of service (-50 modifier indicates that it is a bilateral procedure)

Note: The QuickVue Adenoviral conjunctivitis Test is a single-use item. Bilateral testing requires 2 separate tests.

Related diagnostic codes

Many ICD-10 codes may be related to your need to provide clinical lab testing for adenoviral conjunctivitis. 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

For reimbursement support, please contact Reimbursement Support at reimbursementsupport@quidelortho.com. You may also visit our reimbursement website at <https://www.codemap.com/quidel>.

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. Nothing in this document is intended to serve as reimbursement advice, a guarantee of coverage, or a guarantee of payment. It is the sole responsibility of the healthcare provider of service to verify reimbursement policies and select the appropriate CPT and ICD-10-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.

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. QuidelOrtho Corporation strongly recommends that providers contact their own regional payers to determine appropriate coding and charge or payment levels prior to submitting claims. For the Medicare Clinical Laboratory Fee Schedule, visit <https://www.cms.gov>.

¹CPT is a copyright and registered trademark of the American Medical Association. 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 US Department of Health & Human Services that allows physicians or medical office personnel to collect a sample and perform a laboratory test within their office.