# Coding and Billing for HCV Testing Using

OraQuick® Rapid Antibody Test HCV

**OraSure Technologies** is pleased to provide you information on billing and reimbursement for HCV testing with the OraQuick® HCV Rapid Antibody Test. Correctly identifying services delivered when performing HCV testing will help you secure accurate and timely reimbursement.

The information provided inside is for illustrative purposes only. As policies change frequently, we would strongly recommend that you consult the specific payor for any questions that arise when completing or submitting a claim for services.


## Physician Office Reimbursement Guideline

# Coding and Billing

## Q1.

**What codes are available to describe testing with the OraQuick® HCV Rapid Antibody Test?**

## A1.

Since OraQuick® is a simple test that provides results for HCV, the Common Procedural Terminology (CPT) code 86803 should be used for common insurance carriers along with the 92 modifier code, while Medicare submissions should use the QW modifier (See Table 1). The 92 modifier means that this is an alternative laboratory platform test being performed using a kit or transportable instrument that wholly or in part consists of a single-use, disposable analytical chamber (rapid test). The QW modifier means the test is CLIA-waived. The addition of these modifiers should not affect the payment amount, but some payors require notification that the test is being performed in a CLIA-waived setting.

## Q2.

**What is the reimbursement rate to perform the test?**

## A2.

The Medicare national limitation amount (NLA) is the ceiling payment rate for Medicare carriers which is represented in Table 1. For a comprehensive state-by-state list, refer to www.CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/clinlab.html. However, you should check with your individual payor to determine coverage and coding requirements for the test.

## Q3.

**What ICD-9-CM codes are available to describe a patient encounter for an OraQuick® HCV Antibody Test?**

## A3.

Good clinical judgment can be used to identify the appropriate diagnosis code of the patient encounter where the OraQuick® HCV Rapid Antibody Test was performed. Refer to Table 2 for a list of representative codes for both symptomatic and asymptomatic patients. **NOTE:** This is not a complete list.

## Q4.

**What codes are available to describe the time I spend providing HCV test counseling services?**

## A4.

Several coding options exist under the evaluation and management (E & M) codes. Refer to the E & M 1995 / 1997 Guidelines for the appropriate determination. (See Table 3 & 5)

For patients who have undergone testing but do not have an established illness, you can describe your harm reduction counseling using several different codes. See Table 4)

**NOTE:** *Medicare may or may not reimburse CPT code 99401-99404. Consult your local Medicare contact for reimbursement eligibility.*

## Q5.

**I have been called in by another physician to provide HCV testing services. What codes are available to describe this encounter?**

## A5.

An HCV test result report and consultation services can be reported using a series of evaluation and management (E & M) codes. Refer to the 1995 / 1997 E & M Guidelines for the appropriate determination.

**NOTE:** *99241-99244 codes may or not be reimbursed by Medicare payors. Consult with specific payor to determine appropriate E & M code.*

## Q6.

**Is hepatitis C testing covered for the "baby boomer" population within my practice?**

## A6.

A risk assessment evaluation would have to be performed and well documented to be reimbursed. Hepatitis C testing is generally covered for people at risk. Consult with the individual payor to establish the criteria for reimbursement allowance.

## Q7.

**Do you have an example of a form I could use as a reference?**

## A7.

Yes, see the attached CMS-1500 form for an example of a physician office visit.

**Table 1 – Laboratory Test Codes**

| CPT Codes | Description | Medicare Clinical Lab Fee Schedule National Limitation Amount |
|---|---|---|
| Correct Code | | |
| 86803 -QW or -92 | Antibody; HCV, qualitative or quantitative single assay | $19.62 |
| Incorrect Codes | | |
| 86803 | Antibody; HCV, qualitative or quantitative single assay | $19.62 |
| 86804 | Antibody; HCV, qualitative or quantitative confirmatory (e.g.immunoblot) | $21.30 |

## Table 2 – ICD-9-CM Diagnosis Codes

| ICD-9-CM Codes | Description | Potential Use |
|---|---|---|
| 070 | Viral Hepatitis (include viral hepatitis (acute) (chronic symptoms of hepatitis infection | To describe services provided to viral hepatitis patients exhibiting |
| 070.51 | Acute hepatitis C without mention of hepatic coma | To describe services provided to an HCV-positive patient without hepatic coma; acute stage |
| 070.54 | Chronic hepatitis C without mention of hepatic coma | To describe services provided to an HCV-positive patient without hepatic coma; chronic stage |
| V69.8 | Other problems related to lifestyle | To describe an asymptomatic patient |
| V73.89 | Other problems related to lifestyle | To describe an asymptomatic requesting an HCV test |
| V02.60 | Carrier or suspected carrier of unspecified viral hepatitis | To describe suspicion of hepatitis infection; unknown virus type |
| V02.62 | Carrier or suspected carrier of viral hepatitis C | To describe suspicion of hepatitis C infection |
| V01.79 | Contact with or exposure to communicable disease; Other viral diseases | To describe patients who are tested because of possible exposure |

## Table 3 – Basic Office Management Codes

| CPT Codes | Evaluation and Management Codes | Medicare Physician Fee Reimbursement Amount |
|---|---|---|
| **Patient Visits** | | |
| 99201 - 99215 | Office visit new or existing patient | $8.85 - $199.37 |

*For more information: See www.cms.gov/medicare-coverage-database/indexes/contact-contractor-websites-index.aspx or the specific payor

## Table 4 – Prevention/Risk Reduction Codes

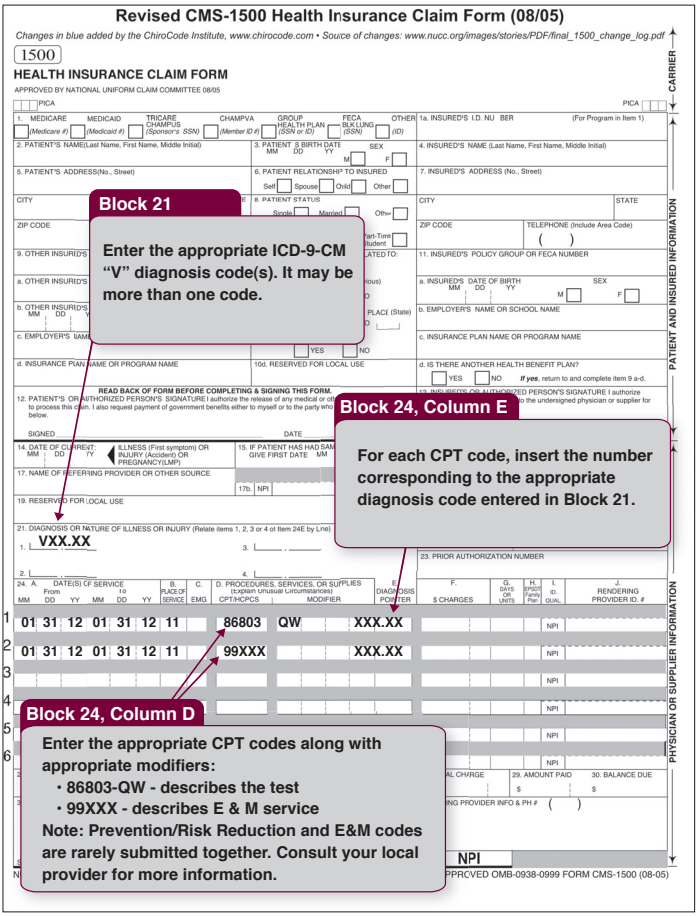
| CPT Codes | Evaluation and Management Codes | Calculations Based on a Medicare Physician Fee Reimbursement Amount |
|---|---|---|
| **Patient Visits** | | |
| 99401 - 99404 | Preventative medicine/risk reduction | $23.82 - $109.21 |

## Table 5 – Prolonged Service Codes

| CPT Codes | Evaluation and Management Codes | Calculations Based on a Medicare Physician Fee Reimbursement Amount |
|---|---|---|
| **Patient Visits** | | |
| 99354 - 99355 | Prolonged service beyond usual service | $87.44 - $97.31 |

# Sample CMS-1500 Claim Form for OraQuick®

## Physician Patient Services Delivered in an Office Setting




*The above is provided as an example only. The health care provider is responsible for determining appropriate codes for an individual patient or for related and/or separate procedures.*

OraSure does not guarantee that this information is a complete listing of appropriate codes and reminds you that these policies change frequently.

This information provided inside is for illustrative purposes only. It does not represent a summary of the laws, regulations or payor policies concerning reimbursement in your area.

Medicare payment rate information is provided as a benchmark of what MAY be paid by various payors in your area. Actual payment will vary by payor type, geographic location, and other factors. Laws, regulations and payor policies concerning reimbursement are complex and change frequently. While OraSure recommends that you consult the specific payor for any questions that may arise, we are pleased to offer you additional assistance. Please feel free to contact:

Doctor's Management, Inc.
phone: 800-635-4040
or
email: OQHCVReimburse@drsmgmt.com
(*Use code OQHCV Reimburse for all inquiries*)



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