Coding and Billing

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 payer for any questions that arise when completing or submitting a claim for services.

Commonly Asked Questions

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 Healthcare Common Procedural Coding System (HCPCS/CPT) code 86803 should be used for common insurance carriers along with the QW or in some cases 92 modifier code, while Medicare submissions should use HCPCS/CPT code G0472 with 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 payers 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 http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/clinlab.html. However, you should check with your individual payer to determine coverage and coding requirements for the test.

Physician Office Reimbursement Guideline

Commonly Asked Questions–continued

Q3.

What ICD-9-CM, ICD-10-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 Tables 3 & 4)

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 5)

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. (See Table 6)

NOTE: *99241-99244 codes may or not be reimbursed by Medicare payers. Consult with specific payer 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 payer 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.

ICD-9-CM, ICD-10-CM, and HCPCS / CPT Codes

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	$19.42
HCPCS		
G0472 -QW	Antibody; HCV, qualitative or quantitative single assay	Not Available*

Note: Commercial insurance plans may also implement G0472 or continue to utilize CPT Code 86803. Commercial carriers may require modifier -92 (alternative laboratory platform testing) when CPT 86803 is reported.

*Manually priced. Consult with local MAC for reimbursement allowance.

Table 2 – ICD-9-CM, ICD-10-CM Diagnosis Codes

ICD-9-CM Codes	ICD-10-CM Codes	Description
		Birth Cohort Screening
V73.89	Z11.59	Screening examination; other specified viral diseases
V73.99	Z11.59	Screening examination;unspecified viral disease
V02.60	Z22.50	Carrier or suspected carrier of; viral hepatitis carrier, unspecified
V02.62	Z22.52	Carrier or suspected carrier of hepatitis C
V02.69	Z22.59	Carrier or suspected carrier of; other viral hepatitis carrier
		High-Risk Exposure
V01.79	Z20.828	Contact or exposure to other viral diseases
V73.89	Z11.59	Special screening examination for other specified diseases
V18.3	Z83.2	Family history; being born to an HCV-infected mother
		High-Risk Behaviors
042	B20	Human Immunodeficiency Virus (HIV) disease
V08	Z21	Asymptomatic HIV infection status
V69.2	Z72.51	High risk sexual behavior
		High Risk Drug-Use Behavior
V69.8	Z72.89	Self-damaging bahavior (required code for all high risk individuals)
571.8	K.76.89	Other chronic nonalcoholic liver disease
571.9	K.76.9	Unspecified chronic liver disease without mention of alcohol
V79.1	Z13.89	Screening for alcoholism
		Other Related Codes
790.4	R74.0	Non-specific elevation of ALT or LDH
796.4	R68.89	Other abnormal clinical findings
		Annualized High-Risk Drug Use Behavior (based on patient history assessment)
V69.8	Z72.89	Self-damaging behavior
304.91	F19.20	Unspecified drug dependence; continuous 304.00-304.93 Drug dependence by type
		Diagnoses Codes
070.51	B17.10	Hepatitis C, acute w/o hepatitis coma
070.41	B17.11	Hepatitis C, acute with hepatitis coma
070.54	B18.2	Chronic hepatitis C, w/o hepatitis coma
070.44	B18.2	Chronic hepatitis C, with hepatitis coma
070.70	B19.20	Unspecified viral hepatitis C, w/o hepatitis coma
070.71	B19.21	Unspecified viral hepatitis C, with hepatitis coma

HCPCS / CPT Codes

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	$20.02 - $207.02
Prolonged service with patients		
99354	Prolonged service in the office or other outpatient setting beyond usual serivce	$100.11
99355	Prolonged service; each addtional 30 minutes	$96.90

For more information: See https://www.cms.gov/apps/physician-fee-schedule/ or the specific payer

Table 4 – Initial Preventive Physical Exams

HCPCS Codes	Evaluation and Management Codes	Medicare Physician Fee Reimbursement Amount
Patient Visits Preventative Physical Exam (IPPE) Medicare		
G0402	Welcome to Medicare visit billed only within the first twelve (12) months of membership; initial exam	$167.33
Annual Wellness Visits (AWV) Medicare		
G0438	Occurs twelve (12) months after initial membership; welcome to Medicare visit; initial exam	$172.34
G0439	Subsequent AWV visits; permitted once every twelve (12) years	$116.56

Table 5 – 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	$36.47 - $112.27

Note: These codes are to report services provided at a separate encounter. These codes are not appropriate to use with CPT codes 99381-99397. Medicare for Part B payment no longer recognizes CPT codes 99241-99245 however, some commercial insurance carriers will support reimbursement. Consult with specific payer for more information.

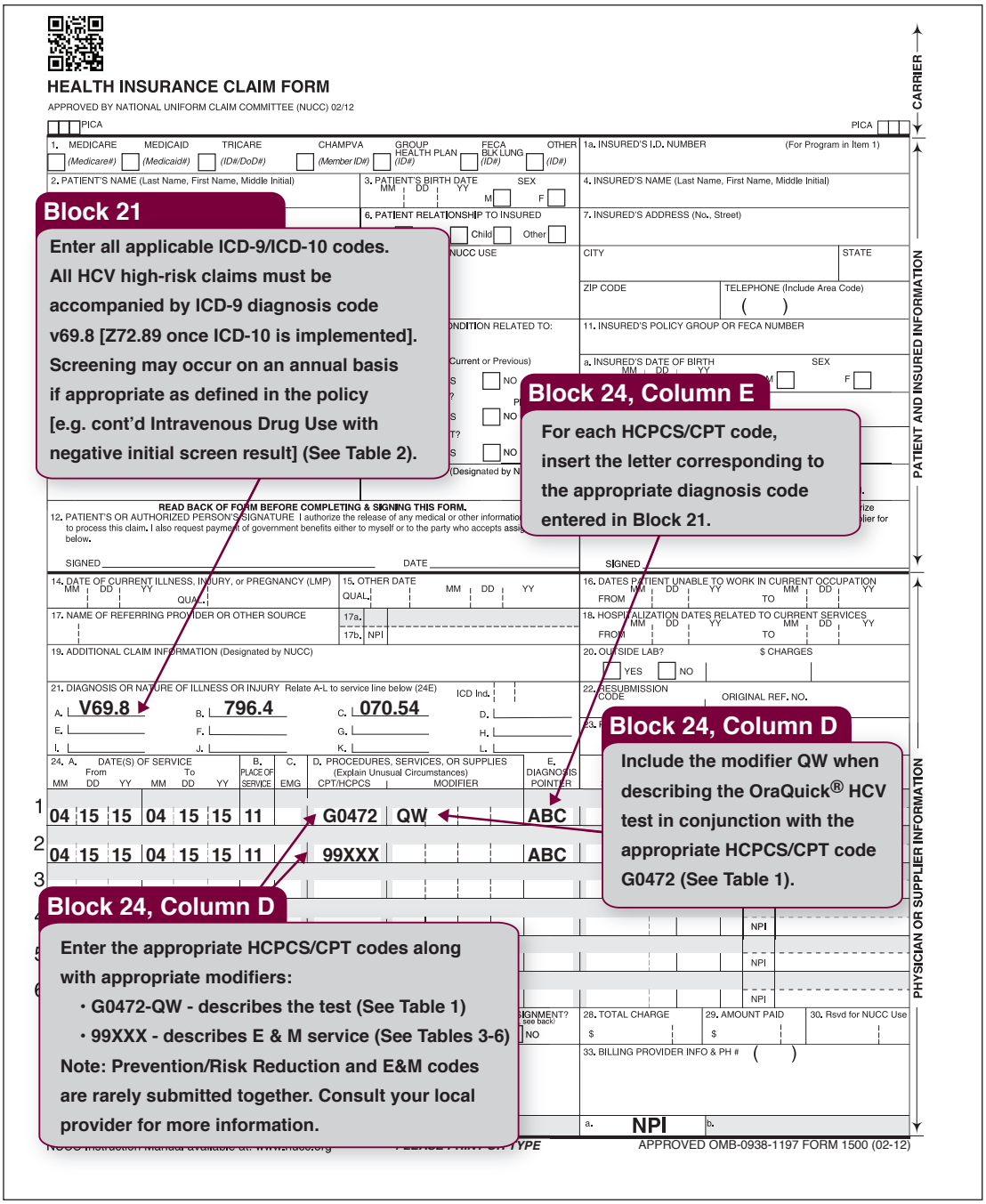
Table 6 – Office Consultation

CPT Codes	Evaluation and Management Codes	Calculations Based on a Medicare Physician Fee Reimbursement Amount
Patient Visits		
99241 - 99245	Office consultation for a new or established patient	$48.98 - $227.04

Note: Medicare for Part B payment no longer recognizes CPT codes 99241-99245. However, telehealth consultation codes (Healthcare Common Procedure Coding System G0406-G0408 and G0425-G0427) continue to be recognized for Medicare payment. Consult with your local MAC for more information.

Sample CMS-1500 Claim Form for OraQuick®

Physician Patient Services Delivered in an Office Setting



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 payer policies concerning reimbursement in your area.

Medicare payment rate information is provided as a benchmark of what MAY be paid by various payers in your area. Actual payment will vary by payer type, geographic location, and other factors. Laws, regulations and payer policies concerning reimbursement are complex and change frequently. While OraSure recommends that you consult the specific payer for any questions that may arise, we are pleased to offer you additional assistance. **Please feel free to contact us at 1-844-837-8437 if you need additional assistance.**

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