

Coding and Billing for HCV Testing Using



OraSure Technologies is pleased to provide you information on billing and reimbursement for HCV testing with 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.



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) codes 86803 should be used along with the QW modifier (See Table 1). The QW modifier means the test is CLIA-waived. The addition of this modifier should not affect the payment amount, but some payers require notification that the test is being performed in a CLIA-waived setting.



Q2.

How much will I be paid to perform the test?

A2.

The Medicare national limitation amount (NLA) is the ceiling payment rate for Medicare carriers. It is often used by private payers as a benchmark for an individual test's appropriate payment rate. Some payers require testing to be performed only by a contracted physician office or reference lab. You should check with your individual payer to determine if it is possible to separately bill for the test.



Q3.

What ICD-9-CM codes can be used to describe a patient encounter for an OraQuick® HCV Antibody Test?

A3.

The OraQuick® test's rapid HCV screening in combination with good clinical judgment can be used to identify the appropriate diagnosis code of the encounter with the patient. Refer to Table 2 for a complete list of codes describing HCV screening tests for both symptomatic and asymptomatic patients.



Q4.

What codes can be used to describe the time I spend providing HCV test counseling services?

A4.

Several coding options exist. Counseling for patients with positive results should be added into your description of your face-to-face time with a patient and therefore be described under your outpatient evaluation and management (E & M) codes. (See Table 3)

For patients who have undergone testing but do have an established illness, you can describe your risk factor reduction counseling using several different codes. (See Table 4)

NOTE: *These codes are not reimbursed by Medicare.*



Q5.

I have been called in by another physician to provide HCV testing and counseling services. What codes can I use 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. The codes differ depending on time spent with the patient on an outpatient basis or whether the patient's test results were discussed during an extended service. (See Table 5)

NOTE: 99241-99244 codes are not reimbursed by Medicare but by various private payers. Consult with specific payor to verify coverage.



Q6.

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

A6.

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

Table 1 – Laboratory Test Codes

CPT Codes	Description	Medicare Clinical Lab Fee Schedule National Limitation Amount
Correct Code		
86803QW	Antibody; HCV, qualitative or quantitative single assay	\$20.22
Incorrect Codes		
86803	Antibody; HCV, qualitative or quantitative single assay	\$20.22
86804	Antibody; HCV, qualitative or quantitative confirmatory (e.g.immunoblot)	\$21.94

Table 2 – ICD-9-CM Diagnosis Codes

ICD-9-CM Codes	Description	Potential Use
070	Viral Hepatitis (include viral hepatitis (acute) (chronic	To describe services provided to viral hepatitis patients exhibiting symptoms of hepatitis infection
070.41	Acute hepatitis C with hepatic coma	To describe services provided to an HCV-positive patient with hepatic coma; acute stage
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 that presents with high-risk behavior
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 in a Non-Facility Setting
New Patients		
99201	10 minutes	\$42.55
99202	20 minutes	\$72.50
99203	30 minutes	\$105.18
99204	45 minutes	\$160.66
99205	60 minutes	\$199.46
Established Patients		
99212	10 minutes	\$42.55
99213	15 minutes	\$70.46
99214	25 minutes	\$104.16
99215	40 minutes	\$139.89

Table 4 – Prevention/Risk Reduction Codes

CPT Codes	Evaluation and Management Codes	Calculations Based on a Medicare Physician Fee Reimbursement Amount in a Non-Facility Setting
Preventative Counseling/Risk Reduction		
99401	Preventative medicine counseling and/or risk factor reduction provided to an individual (separate procedure); 15 minutes	\$35.74
99402	30 minutes	\$61.27
99403	45 minutes	\$85.77
99404	60 minutes	\$109.94

Table 5 – Consultative & Prolonged Service Codes

CPT Codes	Evaluation and Management Codes	Calculations Based on a Medicare Physician Fee Reimbursement Amount in a Non-Facility Setting
Office or outpatient consultative services		
99241	15 minutes	\$46.63
99242	30 minutes	\$87.82
99243	40 minutes	\$119.81
99244	60 minutes	\$177.00
Prolonged service with patients		
99354	Prolonged service in the office or other outpatient setting beyond usual service	\$96.33
99355	Prolonged service; each additional 30 minutes	\$94.62

Sample CMS-1500 Claim Form for OraQuick® Physician Patient Services Delivered in an Office Setting

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE

2. MEDICAID

3. TRICARE

4. CHAMPVA

5. GROUP HEALTH PLAN

6. FECA

7. OTHER

8. INSURED'S I.D. NUMBER

9. PATIENT'S NAME

10. PATIENT'S BIRTH DATE

11. PATIENT'S SEX

12. INSURED'S NAME

13. INSURED'S ADDRESS

14. INSURED'S CITY

15. INSURED'S STATE

16. INSURED'S ZIP CODE

17. INSURED'S TELEPHONE

18. INSURED'S POLICY GROUP OR FECA NUMBER

19. INSURED'S DATE OF BIRTH

20. INSURED'S SEX

21. EMPLOYER'S NAME OR SCHOOL NAME

22. INSURANCE PLAN NAME OR PROGRAM NAME

23. IS THERE ANOTHER HEALTH BENEFIT PLAN?

24. DATE OF CURRENT ILLNESS

25. IF PATIENT HAD AN INJURY

26. NAME OF REFERRING PROVIDER

27. RESERVED FOR LOCAL USE

28. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

29. PRIOR AUTHORIZATION NUMBER

30. A. DATE(S) OF SERVICE

31. B. PLACE OF SERVICE

32. C. EMG

33. D. PROCEDURES, SERVICES, OR SUPPLIES

34. E. DIAGNOSIS

35. F. CHARGES

36. G. DAYS OF VISIT

37. H. NPI

38. I. RENDERING PROVIDER ID #

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40. 86803 QW

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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 and 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:

Doctor's Management, Inc.

phone: 800-635-4040

or

email: OQHCVReimburse.com

(Use code OQHCV Reimburse for all inquiries)

OraSure Technologies

220 East First Street
Bethlehem, PA 18015 USA

phone: 800.ORASURE

web: www.OraSure.com

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