



Acute Conjunctivitis

Reimbursement code

The assigned CPT[®] (Current Procedural Terminology)¹ code for the AdenoPlus test is 87809, “infectious agent antigen detection by immunoassay with direct optical observation.” The 2017 CMS national limit for this code is \$16.44; state limits may vary. Offices submitting reimbursement for claims are required to have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.²

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).

CPT Code	Medicare/Medicaid	Commercial Payers	2017 National Limit
	87809QW	87809	\$16.44

Related diagnostic codes

The following ICD-10-CM diagnostic codes describe conditions that may apply to a conjunctivitis diagnosis. Approximate conversions between ICD-9-CM codes and ICD-10-CM codes may require clinical interpretation in order to determine the code(s) for your specific coding situation. Other codes may apply.

ICD Codes Associated with Conjunctivitis Conversion to ICD-10

ICD-9-CM	ICD-10-CM	Diagnosis
372.00	H10.33	Unspecified acute conjunctivitis, bilateral
372.03	H10.029	Other mucopurulent conjunctivitis, unspecified eye
372.3	H10.9	Unspecified conjunctivitis
077.3	B30.1	Conjunctivitis due to adenovirus
077.99	B30.9	Viral conjunctivitis, unspecified

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 Adenovirus 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%.³ 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%.⁴ 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.

Uptodate®

- A rapid (10 minute) test for Adenoviral conjunctivitis is now available. Adenovirus is the major cause of viral conjunctivitis and likely accounts for a significant proportion of clinical encounters for conjunctivitis. This test has reasonable sensitivity and specificity under study conditions³ and might aid clinicians in determining a viral, as opposed to bacterial etiology, thereby avoiding empiric antibiotic therapy. Elimination of empiric antibiotic therapy has theoretical benefits including prescription drug savings, avoidance of side effects, and reduction of antibiotic resistance. A modeled cost effectiveness analysis suggests a potential for significant cost savings with point of care testing.⁵
- UpToDate is an online, evidence-based clinical decision support system authored by physicians. Last updated October 16, 2012 available at www.uptodate.com.

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.

³Sambursky R., Tauber S., Schirra F., et al. The RPS adeno detector for diagnosing Adenoviral conjunctivitis. *Ophthalmology* 2006;113:1758-64.

⁴Sambursky R., Trattler W., Tauber S., et al. Sensitivity and specificity of the AdenoPlus test for diagnosing Adenoviral conjunctivitis. *JAMA Ophthalmol* 2013;131:17-21.

⁵Udeh B.L., Schneider J.E., Ohsfeldt R.L. Cost effectiveness of a point-of-care test for Adenoviral conjunctivitis. *Am J Med Sci* 2008;336:254.