



### Dry Eye

#### Reimbursement code

The assigned CPT® (Current Procedural Terminology)<sup>1</sup> code for the InflammaDry test is 83516, “immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semi-quantitative, multiple step method.” The 2018 CMS national limit for this code is \$14.24; state limits may vary. Offices submitting reimbursement for claims are required to have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.<sup>2</sup>

#### Modifiers

##### Medicare and Medicaid claims

For Medicare, the modifier “QW” is added to the CPT code to report the use of a CLIA-waived test. This also applies to most Medicaid claims. CPT code 83516QW is paid from the Clinical Laboratory Fee Schedule (not the Physician Fee Schedule).

##### Bilateral testing

Ocular surface inflammation often presents asymmetrically, and therefore testing both eyes with the InflammaDry test is recommended. The InflammaDry test is a single use item, so bilateral testing requires two separate InflammaDry tests.

When billing for bilateral testing, it is necessary to use a modifier. To date, the majority of payers prefer the use of the “59” modifier for the second eye. Alternatively, some payers may prefer that the modifiers “LT” and “RT” be added to the CPT codes. Given the many and varied payers and policies, it is possible that certain payers may have different coding requirements; Quidel offers reimbursement support to assist you with questions about InflammaDry coding and reimbursement.

	Medicare/Medicaid	Commercial Payers	2018 National Limit
1st Eye	83516QW	83516	\$14.24
2nd Eye	83516QW + Modifier	83516 + Modifier	\$14.24

#### Reimbursement support

Quidel has a Reimbursement Support Team available to assist you with questions about InflammaDry coding and reimbursement. For reimbursement support, please contact [technicalsupport@quidel.com](mailto:technicalsupport@quidel.com) or call 800.874.1517.

## Related diagnostic codes

The following ICD-10-CM diagnostic codes describe conditions that may apply to a dry eye diagnosis and/or dry eye symptoms. Other codes may apply.

### ICD-10 Codes Associated with Dry Eye

Diagnosis	Right Eye	Left Eye
Keratoconjunctivitis sicca, non-Sjögren's	H16.221	H16.222
Exposure keratoconjunctivitis	H16.211	H16.212
Conjunctival xerosis, unspecified	H11.141	H11.142
Dry eye syndrome of unspecified lacrimal gland	H04.121	H04.122
Superficial keratitis, unspecified	H16.101	H16.102
Filamentary keratitis	H16.121	H16.122
Punctate keratitis	H16.141	H16.142
Neurotrophic keratoconjunctivitis	H16.231	H16.232

<sup>1</sup>CPT 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.

<sup>2</sup>CLIA 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.

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**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. Quidel Corporation strongly recommends that providers contact their own regional payers to determine appropriate coding and charge or payment levels prior to submitting claims.

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