



Dry Eye

Reimbursement code

The assigned CPT® (Current Procedural Terminology)¹ 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 2019 CMS national limit for this code is \$12.81. Offices submitting reimbursement for claims are required to have a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.²

Compliance

Concept of chief complaint and medical necessity

In order to make your medical record compliant for clinical lab testing, it is important to have a complaint, symptom or clinical sign that is recorded in the record to provide the basis for ordering the test. This would help to establish a “chief complaint” for the lab test. It is also critical to have a statement of medical necessity in the file that ties together the basis for ordering and performing the tests. This carries additional weight when ordering sequential tests over time.

Modifiers and their use

Medicare and Medicaid claims

The modifier “QW” is added to the CPT code to report the use of a CLIA-waived test. The RT and LT modifiers are also used to specify laterality of the test to correspond with the appropriate ICD-10 codes used. CPT code 83516QW is paid from the Clinical Laboratory Fee Schedule (not the Physician Fee Schedule as with other CPT codes).

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. 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, compliance and reimbursement.

	Medicare/Medicaid	Commercial Payers	2019 National Limit
1st Eye	83516QW-RT/LT	83516-RT/LT	\$12.81
2nd Eye	83516QW-RT/LT	83516-RT/LT	\$12.81

Bilateral alternative

83516QW-50 (when using the -50 modifier, leave the number of units as “1” but double the price)

Related diagnostic codes

There can be many ICD-10 codes that will be related to your need to provide clinical lab testing for a dry eye diagnosis and/or dry eye symptoms. It is important when providing diagnoses related to the testing performed, that you provide the most specific diagnoses that you can in accordance with ICD rules and guidelines. That means relating both laterality and severity if possible. Generalized diagnoses may get reimbursed but are more difficult to defend should your record be scrutinized.

Reimbursement support

Quidel has a Reimbursement Support Team available to assist you with questions about InflammDry coding and reimbursement. For reimbursement support, please contact technicalsupport@quidel.com or call 800.874.1517.

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.

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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