

Coding and Billing

Product Description	CLIA Status	CPT Code	Modifier Codes	CPT Quantity for 85576	2013 Medicare Reimbursement (National Limit)*	ICD-9 Codes
VerifyNow Aspirin Test	Waived	85576	- QW, - 91	1 (arachidonic acid)	\$29.53	V58.66
VerifyNow PRUtest™	Non-Waived	85576	- 91	1 (ADP)	\$29.53	V58.63
VerifyNow IIb/IIIa Test	Non- Waived	85576	- 91	1 (TRAP agonist)	\$29.53	V58.63
Venipuncture	N/A	36415	N/A	N/A	\$3.00 (2013 Midpoint)	N/A

CPT Code Descriptions

85576 - Platelet, aggregation (in vitro), each agent

36415 - Collection of venous blood by venipuncture

Modifier Codes

- QW "QW" modifier is added to report the use of a CLIA-waived test and should be used when only waived tests are performed. If a combination of waived and non-waived tests are performed, the -QW modifier should not be used.
- 91 Repeat Clinical Diagnostic Laboratory Test: It may be necessary to repeat the same laboratory test on the same day on the same patient to obtain subsequent (multiple) test results. Under such circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier -91.
- 26 An additional clinical laboratory interpretation fee, coded with 85576-26, is payable only under the following circumstances**:
 - 1) Performed by a hospital pathologist or independent laboratory.
(The clinical interpretation may not be provided by the patient's treating physician).
 - 2) Specifically requested by the treating physician, or done as the result of a hospital standing order policy.
 - 3) Reported in a separate written narrative back to the treating physician, included in the patient's medical record, providing clinical information not available from the standard lab report, and requiring the consulting physician's medical judgment. The consultation report should be a "stand- alone" document, not a notation or initials on the lab results report.

ICD-9 Codes

V58.63 - Long-term (current) use of antiplatelets/antithrombotics

V58.66 - Long-term (current) use of aspirin

VerifyNow Coding Tips

- Always include laboratory CLIA ID number on claims submitted.
- Private payer and Medicaid reimbursement and billing rules may vary. Check with your contracted insurers before providing services to non-Medicare patients.
- If performing ONLY the VerifyNow Aspirin Test, bill 85576 with a –QW modifier and a unit of 1.
- If running the VerifyNow Aspirin Test and another VerifyNow Test, do not use a –QW modifier, and use the total units for all tests. Example: One VerifyNow Aspirin and one VerifyNow PRUTest should be billed as 85576, units = 1 each.
- If performing the VerifyNow PRUTest or IIb/IIIa Test, do not use a –QW modifier and use the total units (as shown in the table on the front of this guide).
- If billing for more than one test, bill on a single line and use the total units for all tests combined.

WEBSITE RESOURCES FOR CPT CODE REIMBURSEMENT INFORMATION

85576

1. <http://www.cms.gov>
2. Click on the “Medicare” section
3. Under the “Medicare Fee-for-Service Payment” section, click on “Clinical Laboratory Fee Schedule”, then click on the “Fee Schedule” link on the left
4. Click on “13CLAB” in the Related Links section
5. Download the latest zip file, titled “13CLAB.ZIP”
6. Click “Accept” on “License for Use of Current Procedural Terminology” page
7. Open the CLAB2013.xls file

85576-26

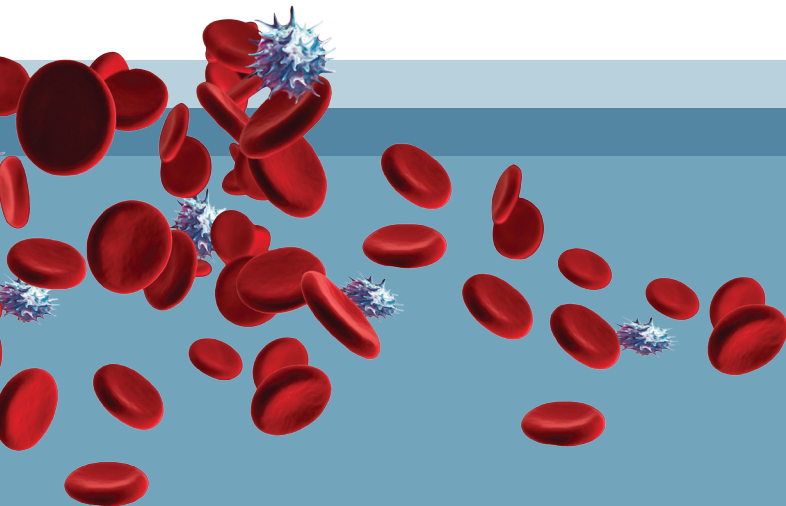
1. <http://www.cms.gov/apps/physician-fee-schedule>
2. Select search criteria
 - Year, Pricing Information, Single HCPCS Code, Carrier
3. Enter HCPCS Code: 85576
4. Select Modifier: 26 Professional Component
5. Click “Submit”

*2013 Medicare Clinical Laboratory Fee Schedule, for a state-by-state fee schedule, visit www.cms.gov as indicated above

**Medicare Carriers Manual, Part 3, Chapter XV, Section 15020 D, E

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These codes are provided for informational purposes only. 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. Accumetrics recommends that providers contact their contracted payers to determine appropriate coding and charge or payment levels prior to submitting claims. The use of these codes does not guarantee payment.



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