# Medicare Payment for AdenoPlus and Related E&M Services

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>2012 Payment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>Office visit for evaluation &amp; management</td>
<td>$67</td>
</tr>
<tr>
<td>87809QW</td>
<td>Infectious agent antigen detection-AdenoPlus</td>
<td>$17</td>
</tr>
<tr>
<td>99203</td>
<td>Office visit for evaluation &amp; management</td>
<td>$91</td>
</tr>
<tr>
<td>87809QW</td>
<td>Infectious agent antigen detection-AdenoPlus</td>
<td>$17</td>
</tr>
<tr>
<td>99212</td>
<td>Office visit for evaluation &amp; management</td>
<td>$39</td>
</tr>
<tr>
<td>87809QW</td>
<td>Infectious agent antigen detection-AdenoPlus</td>
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<tr>
<td>99213</td>
<td>Office visit for evaluation &amp; management</td>
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<td>87809QW</td>
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**NEW PATIENT**

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| 99201        | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:  
• A problem focused history  
• A problem focused examination  
• Straightforward medical decision making  
*Usually the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.* | $39           |
| 99202        | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:  
• An expanded problem focused history  
• An expanded problem focused examination  
• Straightforward medical decision making  
*Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.* | $67           |
| 99203        | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:  
• A detailed history  
• A detailed examination  
• Medical decision making of low complexity  
*Usually the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.* | $91           |
| 99204        | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components:  
• A comprehensive history  
• A comprehensive examination  
• Medical decision making of moderate complexity  
*Usually the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.* | $152          |

**ESTABLISHED PATIENT**

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</table>
| 99211        | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.  
*Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.* | $19           |
| 99212        | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:  
• A problem focused history  
• A problem focused examination  
• Straightforward medical decision making  
*Usually the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.* | $39           |
| 99213        | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:  
• An expanded problem focused history  
• An expanded problem focused examination  
• Straightforward medical decision making  
*Usually the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.* | $65           |

HCPCS billing code for AdenoPlus and the national payment: $17

87809QW  Infectious agent antigen detection by immunoassay with direct optical observation; Adenovirus.

*Payment rates were calculated using CF $36.0791 and then rounded to nearest dollar. Actual payment will vary based on physician’s geographic location, among other things. RPS cannot guarantee coverage or payment for procedures. Coverage determinations are based on individual patient conditions and can vary from payer to payer depending on the patient’s medical coverage and policy. For more information, contact your Medicare Contractor. Because private insurer’s coverage, coding and payment policies may differ from Medicare, you should contact the patient’s insurer to confirm billing requirements.*
AdenoPlus and Related E&M Coding Examples* and 2012 Payment Rate

NEW PATIENT VISIT – 30 MINUTES

2012 CPT Code 99203
Medicare Payment + 87880QW = ($91 + $17) = $108

CC: Sore throat

**Detailed History:** 12-year-old girl developed a sore throat 2 days ago. It is associated with a fever and malaise. Acetaminophen helps with the pain.

**ROS:** No earache, cough, or diarrhea.

**Detailed Exam:** Exudate and erythema of pharynx; no lymphadenopathy; lungs clear with auscultation; heart with a regular, rate, rhythm.

**Assessment/Plan (Decision Making – Low Complexity):**

Immunoadsorbent to rule out Streptococcus. If NEGATIVE, provide supportive care. If POSITIVE, provide antibiotic treatment.

2012 CPT Code 99203
Medicare Payment + 87809QW = ($91+ $17) = $108

CC: Red eye

**Detailed History:** 12-year-old developed a red right eye and tearing 2 days ago. The eyelids are stuck together in the morning. No exposure to a sick contact. Artificial tears did not help improve symptoms.

**ROS:** No sore throat, fever, earache, or contact lens use.

**Detailed Exam:** 2+ ocular injection of both eyes with a watery to mucoid discharge; no lymphadenopathy; pupils reactive with no afferent pupillary defect; extraocular muscles intact.

**Assessment/Plan (Decision Making – Low Complexity):**

Immunoadsorbent (AdenoPlus) to rule out Adenovirus. Isolation and artificial tears if POSITIVE test results; Antibiotic treatment may be considered for a NEGATIVE test.

ESTABLISHED PATIENT VISIT – 15 MINUTES

2012 CPT Code 99213
Medicare Payment + 87880QW = ($65 + $17) = $82

CC: Sore throat

**Expanded Problem Focused HX:** 12-year-old girl developed a sore throat 2 days ago. It is associated with a fever and malaise. Acetaminophen helps with the pain.

**ROS:** No earache, cough, or diarrhea.

**Expanded Problem Focused Exam:** Exudate and erythema of pharynx; no lymphadenopathy; lungs clear with auscultation; heart with regular, rate, rhythm.

**Assessment/Plan (Decision Making – Low Complexity):**

Immunoadsorbent to rule out Strep. If NEGATIVE, provide supportive care. If POSITIVE, provide antibiotic treatment.

2012 CPT Code 99213
Medicare Payment + 87809QW = ($65 + $17) = $82

CC: Red eye

**Expanded Problem Focused HX:** 12-year-old developed a red right eye and tearing 4 days ago. The eyelids are stuck together in the morning. No exposure to a sick contact or recent upper respiratory infection.

**ROS:** No sore throat, fever, earache, or contact lens use.

**Expanded Problem Focused Exam:** 2+ ocular injection of the right eye with a watery discharge; no lymphadenopathy; pupils reactive with no afferent pupillary defect, extraocular muscles intact.

**Assessment/Plan (Decision Making – Low Complexity):**

Immunoadsorbent (AdenoPlus) to rule out Adenovirus. Isolation and artificial tears with a POSITIVE test result; antibiotic treatment may be considered for a NEGATIVE test result.

*Providers should always follow payer guidelines and report the code(s) that best describes the service(s) furnished to particular patients. See E&M guidelines for more detailed explanation of coding guidelines and contact the appropriate payer if you have questions related to billing for E&M services. RPS cannot guarantee payment or coverage for particular services. Medicare payment rates shown are national averages. Actual reimbursement will vary for each provider based on geographic location.

RPS cannot guarantee coverage or payment for procedures. Coverage determinations are based on individual patient conditions and can vary from payer to payer depending on the patient’s medical coverage and policy. For more information, contact your Medicare Contractor. Because private insurer’s coverage, coding and payment policies may differ from Medicare, you should contact the patient’s insurer to confirm billing requirements.