

Billing for A1CNow⁺ is easy, as well-established billing codes and procedures are used.

1

CPT Codes (Current procedure code covers test and procedure)

Test: 83036QW (must use QW) Medicare coverage is \$13.56 in most states (ID: \$9.77, MD: \$13.00, OK: \$12.08, RI: \$12.22, SD: \$13.00, WY: \$10.61)

Fingerstick: 36416 (traditional Medicare does not reimburse for fingerstick) private pay average payment varies (\$3 to \$10)

2

Frequency of Testing*

- Every 3 months to monitor metabolic control in patients with diabetes
- **Every 1-2 months when treatment regimen is altered to improve control**
- Every month for pregnant women with diabetes or gestational diabetes
- Patients with uncontrolled type 1 or type 2 diabetes may be tested more frequently. However, the medical record must support such increased testing

3

E & M Code (Evaluation and management code)

Physician interpretation of test results is considered to be part of the evaluation and management services provided to a patient during an office visit and is not separately billable. For existing patients, codes 99212 - 99215 should be billed and the code used depends on the complexity of the visit (use codes 99201 - 99204 for new patients). Payment ranges from \$35 to \$115 or more.

E & M Code 99211 “Clinic Days”

If a patient sees a nurse or other non-physician health care professional for the purpose of HbA1C testing (for example, to monitor insulin therapy) and the nurse takes vital signs, compares the results of the HbA1C test to predetermined guide lines, and advises the patient accordingly, E & M code 99211 may be billed which pays a national average of \$20 per visit.

4

ICD-9 Codes*

An appropriate diagnosis (ICD-9) code (or narrative description) must be supplied for each service or supply billed under Medicare Part B. ICD-9-CM is an acronym for International Classification of Diseases, 9th Revision, Clinical Modification. When a patient presents with an undiagnosed illness, the ICD-9 code is determined by the “signs and symptoms” present. Symptoms are defined as what the patient tells the physician. Signs are what the physician observes as part of his examination of the patient.

5

Certificate of CLIA Waiver

A1CNow+ is classified as a CLIA Waived Category test by the FDA. A CLIA certificate is required any time a clinical laboratory test is performed; however, waived category tests require only a CLIA Certificate of Waiver. Certificate of Waiver labs must register with Medicare, pay the fee every two years and agree to follow manufacturer’s instructions. No routine inspections or other CLIA regulations apply.

To apply for a Certificate of Waiver, click on www.cms.hhs.gov/clia/cliaapp.asp, and download a CLIA application form (CMS-116), follow the instructions provided, then send it to the appropriate state agency. A list of state agency addresses is also available on the Internet at www.cms.hhs.gov/clia/ssa-map.asp.

* Please note: Both the frequency limits and ICD-9 codes provided are from the National Coverage Decision for HbA1C which became effective Nov. 25th, 2002.

The codes and payment estimates presented represent average Medicare payments at the time of production, which can vary depending on the geographical location of the specific facility, third party changes and other factors. Customers are advised to verify these estimates prior to relying on any of this information. Metrika makes no representation as to the appropriateness of these codes for particular billing situations.

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