COVID-19
CORONAVIRUS DISEASE

VISION: To improve the health of all Texans.

MISSION: TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.

TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

COVID-19 Testing Information
Frequently Asked Questions (FAQs)

TMA COVID-19 Task Force

MARCH 2020

Which patients should physicians test for COVID-19?

Although Centers for Disease Control and Prevention (CDC) guidance has expanded testing to a wider group of symptomatic patients (*CDC* 03/04/2020), clinicians should be aware of reports of national shortages of viral transport media and testing reagents, which are significantly impacting the testing capacity of commercial, hospital, and public health laboratories in the U.S.

Because of these resource limitations, recommendations have been developed for prioritization of diagnostic testing for certain patients, to help physicians test wisely. **Testing guidelines** likely **will change as testing and new information becomes available.** In deciding whether to order a test, clinicians should consider clinical features, results of other tests, and how the COVID-19 results will change clinical management and infection control measures.

Physicians may test any patient with symptoms consistent with COVID-19 (e.g., fever, cough, shortness of breath), now that commercial testing is increasingly accessible. However, the following patients **should be prioritized** for testing:

* Critically ill patients receiving ICU-level care with unexplained viral pneumonia or respiratory failure regardless of travel history or close contact with suspected or confirmed COVD-19 patients (*IDSA* 03/17/2020), to inform decisions about infection control and investigational therapeutics.

* Any persons with fever (subjective or confirmed) and/or symptoms of a lower respiratory tract illness **and** a history of **close contact** with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset (including all residents of a long-term care facility that has had a laboratory-confirmed COVID-19 case).

  a. "Close contact" is defined as being within approximately six feet of a COVID-19 case for a prolonged period (e.g., more than about 10 minutes, per current public health contact-tracing practice) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). (*CDC* 03/04/2020)

  b. **Physicians and other health care personnel** (e.g., nurses and administrative staff): Testing may be considered if there has been exposure to a person with *suspected* COVID-19 *without* laboratory confirmation. Even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed health care personnel, given their extensive and close contact with vulnerable patients in health care settings. (*CDC* 03/07/2020)

- Any symptomatic individuals with a history of **travel** within 14 days of symptom onset to geographic regions where sustained community transmission has been identified.

- Any symptomatic individuals who may be at higher risk of poor outcomes, including those who are ≥ 65 years of age, immunosuppressed, or have high-risk chronic medical conditions (e.g., diabetes, heart disease, chronic lung disease, chronic kidney disease).

- Individuals with fever and/or symptoms of a lower respiratory tract illness who are critical to pandemic response, health care personnel, public health officials, and other essential leaders (*IDSA 03/17/2020*).

Whom should physicians NOT test for COVID-19?

- Asymptomatic individuals are not recommended to be tested for COVID-19, regardless of exposure history.

- If an alternative diagnosis can be determined (e.g., rapid strep, rapid flu, BioFire viral panel), a clinical determination can be made that a COVID-19 test is not necessary, especially if there is not yet community transmission of the disease in your area.

- CDC recommends that mildly ill patients should be encouraged to stay home and contact their physician by phone for guidance about clinical management. If you have the capability to use telemedicine in your practice and determine the patient's symptoms are mild, refer the patient to a mobile testing site if available or test the patient at the end of the day in your office away from other patients. This can protect staff and other patients and preserves the use of personal protective equipment.

What infection prevention measures are necessary if I want to collect specimens for COVID-19 testing from my patient in my outpatient setting, and how do I collect them?

- See CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

- For outpatient-setting FAQs, see TMA's COVID-10 Infection Prevention and Control for Outpatient Clinics.

- For initial diagnostic testing for COVID-19, CDC recommends collecting one **nasopharyngeal swab** (NP swab):
  - Use only a synthetic fiber swab with a plastic shaft. Do not use a calcium alginate swab or a swab with a wooden shaft, as it may contain substances that inactivate some viruses and inhibit PCR testing.
  - Insert the swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions.
  - Place the swab immediately into a sterile tube containing 2-3 ml of viral transport media. Refrigerate the specimen at 2°-8°C, and ship it on ice packs to the laboratory.

- If an NP swab is not possible, a nasal midturbinate (NMT) swab collected by a health care professional or by on-site self-collection (using a flocked tapered swab), an oropharyngeal (OP) specimen collected by a health care professional, or an anterior nares specimen collected by a health care professional or by on-site self-collection (using a round foam swab) is recommended.

- If a viral transport medium is not available, the Food and Drug Administration recommends using liquid Amies medium or a dry swab in a sterile glass or plastic vial containing 1mL to 3mL of phosphate-buffered saline. For both of these alternatives, specimens should be stored at 4°C or frozen if not shipped and received within 72 hours of collection.

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If I am not able to implement the recommended infection prevention measures to collect specimens for COVID-19 testing in my outpatient setting, what other options are available for collection of specimens from my patient?

- Some outpatient networks, urgent care networks, hospitals, and federal government initiatives are setting up ancillary specimen-collection facilities, such as "drive-through" collection sites. You can inquire about the availability of such options within your referral network or area. These are generally targeted for certain populations such as first responders, health care workers, and those especially at risk for poorer outcomes.

- Do **not** send patients to the commercial laboratory or local health department for testing.

- Do **not** send mildly ill patients who do not meet testing guidelines to the emergency department simply for testing, to minimize exposures to other vulnerable patients and to health care workers.

Is testing for COVID-19 available through commercial laboratories?

Whenever feasible, physicians should send specimens for COVID-19 testing to commercial laboratories. Within the past two weeks, many large commercial reference laboratories have begun offering COVID-19 testing, including: ARUP, Clinical Pathology Laboratories, LabCorp, Quest, and Viracor. Additionally, multiple hospital-based laboratories are in the process of validating their testing assays for use within their hospitals per institution-specific guidelines.

Please see each laboratory's test menu for their specimen collection instructions, submission forms, and shipping requirements.

Commercial Labs:

LabCorp

Quest Diagnostics

Clinical Pathology Laboratories

ARUP Laboratories

Below is a list of public health labs conducting COVID-19 testing for Texas at this time.

Public Health Labs:

DSHS

Dallas

Houston

Tarrant

San Antonio

East Texas (Tyler)

South Texas

El Paso

Lubbock

Corpus Christi

Is testing for COVID-19 available through public health laboratories?

Specimens from patients who meet Texas DSHS criteria can be sent to public health laboratories in Texas. See DSHS' Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). **Prior consultation with and approval from the local or regional state health department serving the patient's county of residence is required for these specimens.** For testing at public health laboratories, call your local health department with your patient's name, date of birth, address, and phone number to discuss the case. If possible, please call during business hours. See details on the DSHS guidance.

How is COVID-19 testing paid?

CDC covers testing conducted at public health labs, and patients will not be billed at this time. For commercial lab testing, many large insurance companies are waiving copays, deductibles, and cost-shares for both the cost of the test and the office visit.

To ensure proper tracking of testing, make sure to use the appropriate billing codes. The Centers for Medicare & Medicaid Services (CMS) has created two new Healthcare Common Procedure Coding System (HCPCS) codes for labs for testing patients for coronavirus.

- HCPCS code U0001 is used specifically for CDC testing laboratories to test patients for the coronavirus.

- HCPCS code U0002 allows laboratories to bill for non-CDC laboratory tests for the virus.

For non-Medicare or Medicaid patients, be sure to check with your payer for proper billing procedures. CPT codes are still being adopted by both payers and laboratories and may not be consistent.

Do I report a positive test result for COVID-19?

All positive COVID-19 test results should be reported to your local health department immediately.

For questions not addressed by this FAQ, please refer to TMA's other FAQ pages on COVID-19 or contact:

- DSHS COVID-19 Call Center at **(877) 570-9779**, Sun.-Sat., 7 am-8 pm

- DSHS 24/7 Hotline at **(888) 963-7111**

- DSHS email: coronavirus@dshs.texas.gov

- TMA Knowledge Center (800) 880-7955 or knowledge@texmed.org

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