

COVID-19 Testing Toolkit

*Version 1:
Updated May 8, 2020*

Catalyst Health Network created this comprehensive toolkit to help independent primary care practices implement testing for COVID-19. This resource is intended to be a guide, not a government or payer policy interpretation.

We are committed to serving our community, if you have questions please email our team at info@catalysthealthnetwork.com.



Catalyst Health Network exists to
Help Communities Thrive



Healthier Practices



Healthier Physicians



Healthier Patients

Table of Contents

- 1) [Importance of Testing](#) (Page 4)
- 2) [Work Restrictions for Healthcare Workers](#) (Page 5)
- 3) [Return to Work Guidelines](#) (Page 6)
- 4) [Screening](#) (Page 7-8)
- 5) [Ordering Testing](#) (Pages 9-12)
- 6) [Testing](#) (Page 13-14)
- 7) [Site Training](#) (Pages 15)
- 8) [Post-Testing](#) (Page 16)
- 9) [Follow-Up](#) (Page 17)

Testimonials/Info

“We had access to testing immediately through the test sites that were organized so well by Catalyst. It made it easy to submit information and get testing done in a timely matter. We really had no other solution when it started, and it continues to be very successful!”

Stephen Buksh, MD

*Northeast Tarrant Internal Medicine Associates
Euless & Fort Worth, Texas*

Importance of Testing

As businesses open and people return to work in the coming weeks and months, testing will play a pivotal role in combatting the spread of COVID-19. The United States is currently testing about 150,000 people per day; Texas has maximized testing capacity to perform 15,000 to 20,000 tests daily, with the goal to reach 30,000 per day in the near term. PCR tests will be crucial in figuring out where the virus is and where it is going; meanwhile, antibody testing helps identify who has had it and whether the larger herd of Americans might be gaining some immunity.

Catalyst maintains 15 testing sites in North Texas, providing patients with access to both PCR and Antibody testing. To date, Catalyst's Centralized Testing Sites have conducted almost 6,000 tests and, at one point, accounted for about 30% of all tests being completed in the state.



Work Restrictions for Healthcare Workers

Epidemiologic Risk Factors	Exposure Category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e. no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^b	Low	Self with delegated supervision	None

HCP=healthcare personnel;
PPE=personal protective equipment

^aThe risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

^bThe risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

[Reference the CDC's website here for the most up to date information](#)

Return-To-Work Guidelines for Exposed Healthcare Workers

As a healthcare worker, or any critical infrastructure worker (e.g. law enforcement, first responders, food/agricultural vendors, 911 personnel), the CDC recommends the following practices for asymptomatic, exposed workers:

Guidelines

- Prior to each shift, employer should assess employee or the presence of symptoms and elevated temperature
- Employee should wear a face mask, surgical or cloth mask, for 14 days after last exposure
- Employee should maintain a social distance of 6 feet whenever possible
- Employer should disinfect all shared areas and equipment (e.g. restrooms, computers, workspaces)
- Employee should not share objects that are used near the mouth, nose (e.g. headsets)
- Employee should avoid sharing space when possible (e.g. stagger lunches and breaks)
- Should the employee become symptomatic, they must be sent home. Additionally, employer should assess the other employees for potential exposure to the symptomatic employee, including the 48 hours prior to the employee becoming symptomatic

NOTE: Exposure is defined as **contact** with a COVID-19 positive person, **including the 48 hours before that person became symptomatic, under the following situation:**

- Within 6 feet of a COVID-19 positive person for a period of 10 minutes or longer
- A household contact with a COVID-19 positive person

Screening

PHONE TRIAGING – SCRIPTING RESOURCE

To support clinic staff triaging incoming calls from increasingly anxious patients with concerns about having COVID-19, this [scripting template](#) aims to de-escalate the patient's anxious state.

- Focus on asking open-ended questions, not leading questions
- Use calming verbiage
- Help conserve testing resources

CORONAVIRUS 24-HOUR PATIENT HOTLINE - (214) 964-0319

Patients can access a 24-hour hotline dedicated to addressing patient concerns:

- Afterhours patient triage
- Addressing questions from the worried well and those experiencing stress, anxiety and sleep issues related to coronavirus
- Managing your overflow of triage calls during working hours

The hotline will be nurse staffed. In the event a patient needs to, or requests to speak with a physician, patients will be forwarded to their primary care provider.

Coronavirus and Children

As of February 22, the CDC reported 2.4% percent of 75,465 confirmed and suspected cases in China had occurred among patients younger than 19 years old. Of these cases, most children had exposure to household members with confirmed COVID-19 diagnosis.

Symptoms in Pediatric Patients

According to the CDC, pediatric cases appear to be mild, with most cases presenting with symptoms of upper respiratory infection:

- *Fever*
- *Cough*
- *Nasal congestion*
- *Rhinorrhea*
- *Sore throat*

Though symptoms and disease course may be milder, it is unknown if children with underlying medical conditions are at increased risk of severe disease. Find the latest CDC recommendations for pediatric healthcare providers [HERE](#). Find updated CDC tips on keeping children healthy [HERE](#).

Testing Consideration in the Pediatric Population

The decisions to test pediatric patients may include:

- *Patient has an underlying medical condition*
- *Patient's caretaker or housemate is considered high-risk, is a critical infrastructure worker (healthcare worker or first responder)*

Assess the Patient

Following the initial phone screen, patients may require a virtual visit with a provider to have their symptoms further assessed. Virtual visits should be utilized as part of the triage process for suspected COVID-19 patients.

Virtual visits are recommended by the CDC as a way of containing spread and limiting public and healthcare worker exposure.

NOTE: If you have not already implemented a telehealth platform into your practice, please view the [Catalyst Telehealth Toolkit](#) for a guidance on how to get started quickly.

In the preceding weeks there have been rapid changes in payer policies regarding virtual visits. As of the week of April 6th , **all commercial payers require the same documentation for billing purposes.**

The following resources on our Network Resources Page can be utilized when billing for telehealth visits:

- View our Payer Grids to view the most up-to-date information surrounding COVID-19 Testing, Treatment and Virtual Visit Coverage.
 - [Detailed Payer Grid](#)
 - [Simplified Payer Grid](#)
- View the [List of Medicare Telehealth Services CY 2020](#) for detailed billing codes
- View [Telehealth Coding Quick Reference Guide](#) for quick look up.

Guidance on Healthcare Worker Exposure

The CDC recommends symptomatic patients be assessed virtually to avoid the risk of exposing patients and health care personnel. In the event of exposure inside your office, however, the following page contains the most current recommendation from the CDC regarding work restrictions for healthcare workers according to level of exposure.

Ordering Testing

CDC TESTING CRITERIA

According to the CDC, **providers should use their judgment** to determine if a patient has signs and symptoms compatible with COVID-19 and **whether the patient should be tested**. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

[Reference the full update from the CDC here](#)

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms
- Persons identified through public health cluster and selected contact investigations

Priority

- Persons with symptoms of potential COVID-19 infection
 - *Fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat*
- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to:
 - *Public health monitoring*
 - *Sentinel surveillance*
 - *Screening of other asymptomatic individuals according to state and local plans*

Choosing the Right Test

WHO SHOULD GET ANTIBODY TESTING?

PCR diagnostic testing continues to steer much of the decision making about quarantine and work clearance. With that in mind, patients will fall into one of two categories:

First category includes patients that would be candidates for PCR testing:

- **Follow the current CDC criteria** to determine who is a candidate for **PCR diagnostic testing**
- **Considered for PCR testing** - PCR diagnostic testing to rule in COVID-19 acute infection

Second category includes non-prioritized, asymptomatic patients and non-essential workers:

- Do not meet current criteria for PCR testing
- May have had a remote history of symptoms or concern regarding exposure
- **Consider Antibody only testing** - Antibody testing to assess for possible prior exposure and possible immunity and improve understanding of community impact

Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

Exceptions to CDC PCR Testing Criteria

- Patients who need testing prior to surgery (obtain PCR plus antibody testing)
 - *In LeadingReach for NTX Testing Sites, choose “Other” and use the free text field to specify “PCR + Antibody”*
- Asymptomatic, frontline essential worker who was exposed < 14 days prior to testing
- Patients with a recent history of undiagnosed COVID-like symptoms who need to be cleared for work, given:
 - *No know COVID-19 exposure history*
 - *Asymptomatic < 3 days*

AND/OR

 - *< 7 days since COVID-like symptom onset*

[Reference the full update from the CDC here](#)

Choosing the Right Test (Cont.)

[As of 4/27/2020] Catalyst Testing Sites will do PCR diagnostic testing for both HIGH Priority and Priority patients as classified by the CDC.

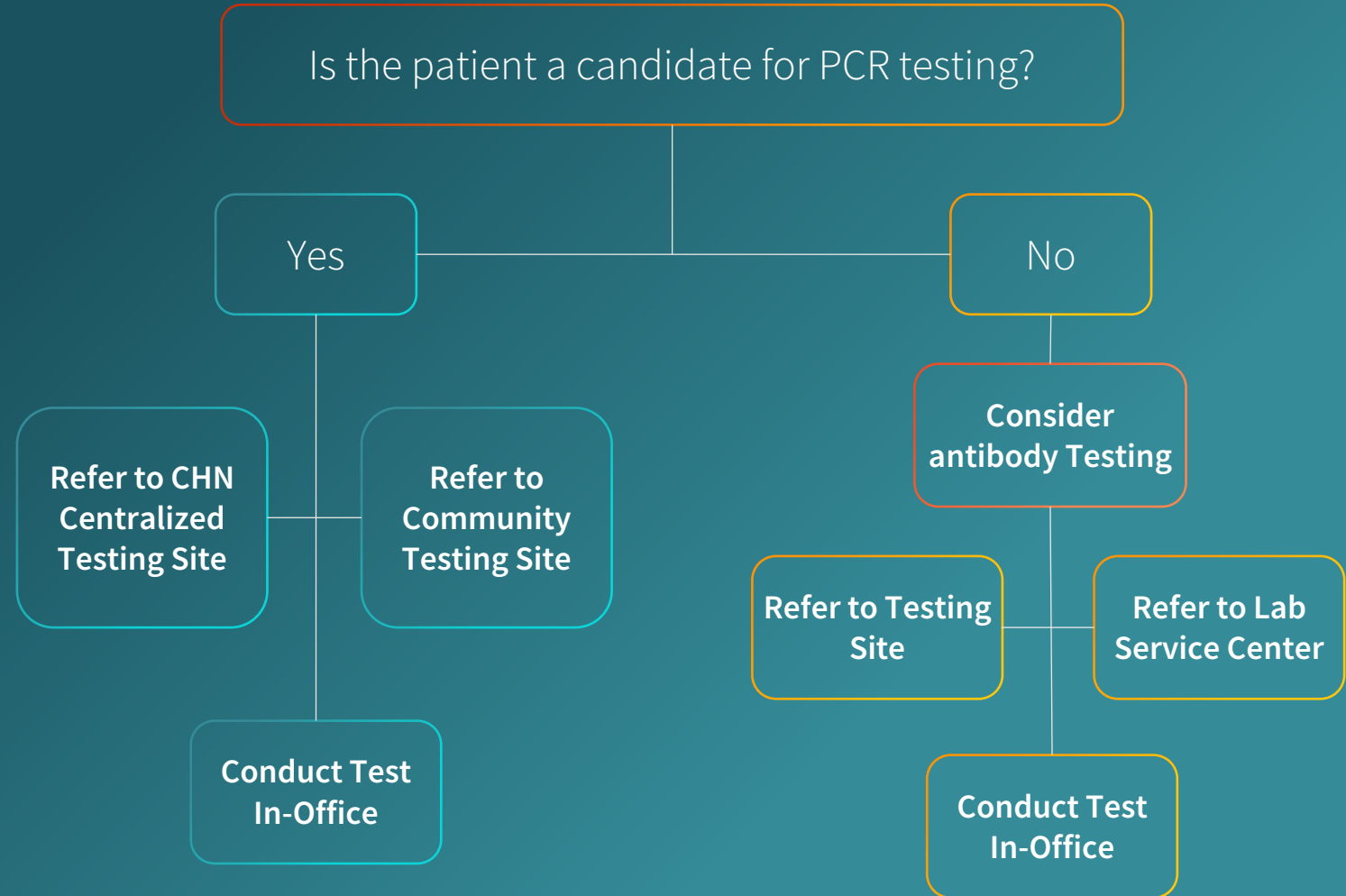
Consider Options: Obtain PCR PLUS Antibody testing (takes an average of 3 days for results) OR WAIT for the 3- and 7-day windows above to pass.

“The biggest thing to us was the ability to test. Catalyst went live well before the average around our area for getting people tested. Keeping people safe and out of our clinic--being able to address them using telemedicine and then get them tested has been the biggest benefactor for us.”

Dr. Chris Dingess
Keller Family Medicine
Keller, Texas



Choosing Between PCR & Antibody Testing



NOTE: CPL, Quest, and LabCorp are all performing Antibody testing. Catalyst Centralized Testing Sites are partnering with CPL, so PCP training materials included reference CPL

[Return to Table of Contents](#)

Referring Patients for COVID-19 Testing

1) Screen patient to determine what testing they qualify for according to current guidelines

- This may be done through a virtual visit, telephonic visit, or your triage protocols

Reminder: Due to shortages of PPE and testing resources, it is crucial to appropriately screen

2) Confirm the patient's email address and phone number – this will be important for the patient to receive appointment details

3) Inform the patient of next steps and what to expect during testing.

- Reference Practice Handout: [Guidance for Testing: Next Steps](#) (This will be included in the patient's email from Catalyst)
 - *Stay at home & Separated from others: lab test appointment details are emails to the patient from Catalyst's referral team.*
 - *Lab test appointment: Stay in your car the whole time.*
 - *COVID-19 Diagnostic Testing Swab (PCR) will be self administered*
 - *Antibody Blood Testing will require non-fasting blood draw*
 - *Test Results: Lab results will take an average of 3 days. Stay at home and separated until results are received.*

4) Next, for PCR testing ONLY, complete the patient's PUI Form – this is a CDC form currently required:

- Reference practice handout: [PUI form](#)
- Reference practice handout: [Completing a PUI form](#)

5) Complete a CPL lab requisition with the appropriate details, diagnosis, and lab code:

CPL Lab Test Codes	
7300	COVID PCR – Swab Diagnostic Testing
7304	COVID Total Antibody Testing (IgG, IgM, IgA)*
7305	COVID PCR Swab for HEALTHCARE WORKERS
*Newly Available as of 5/11/2020	

NOTE: Additional lab testing codes will be released for combination IgA, IgG, IgM at a later date

6) Send a referral through LeadingReach to “CHN Infectious Disease”

- Just as a lab cannot test your patients without an order, **patients will not be tested without a** referral and corresponding lab order
- The following items **must be attached** to your LeadingReach referral
 - Patient **demographics** – including **email address & insurance**
 - PUI Form – for PCR testing only
 - CPL lab requisition
- Reference Practice Handout: [COVID-19 Leading Reach PCP Referral Training](#)

Catalyst Centralized Testing

CATALYST CENTRALIZED TESTING SITE LOCATIONS (NORTH TX)

Beginning Wednesday, April 29th, Antibody testing will be available through Catalyst Centralized Testing Sites in North Texas. View the map below for testing site locations:



Site	Locations
Questcare Medical Clinic	McKinney
Questcare Medical Clinic	Coppell
Questcare Medical Clinic	Burleson
Questcare Medical Clinic	Arlington
Questcare Medical Clinic	Fort Worth
Watermark Urgent Care (Questcare Partnership)	Dallas
MaxHealth Family & Sports Medicine	Colleyville
Village Health Partners – Independence	Plano

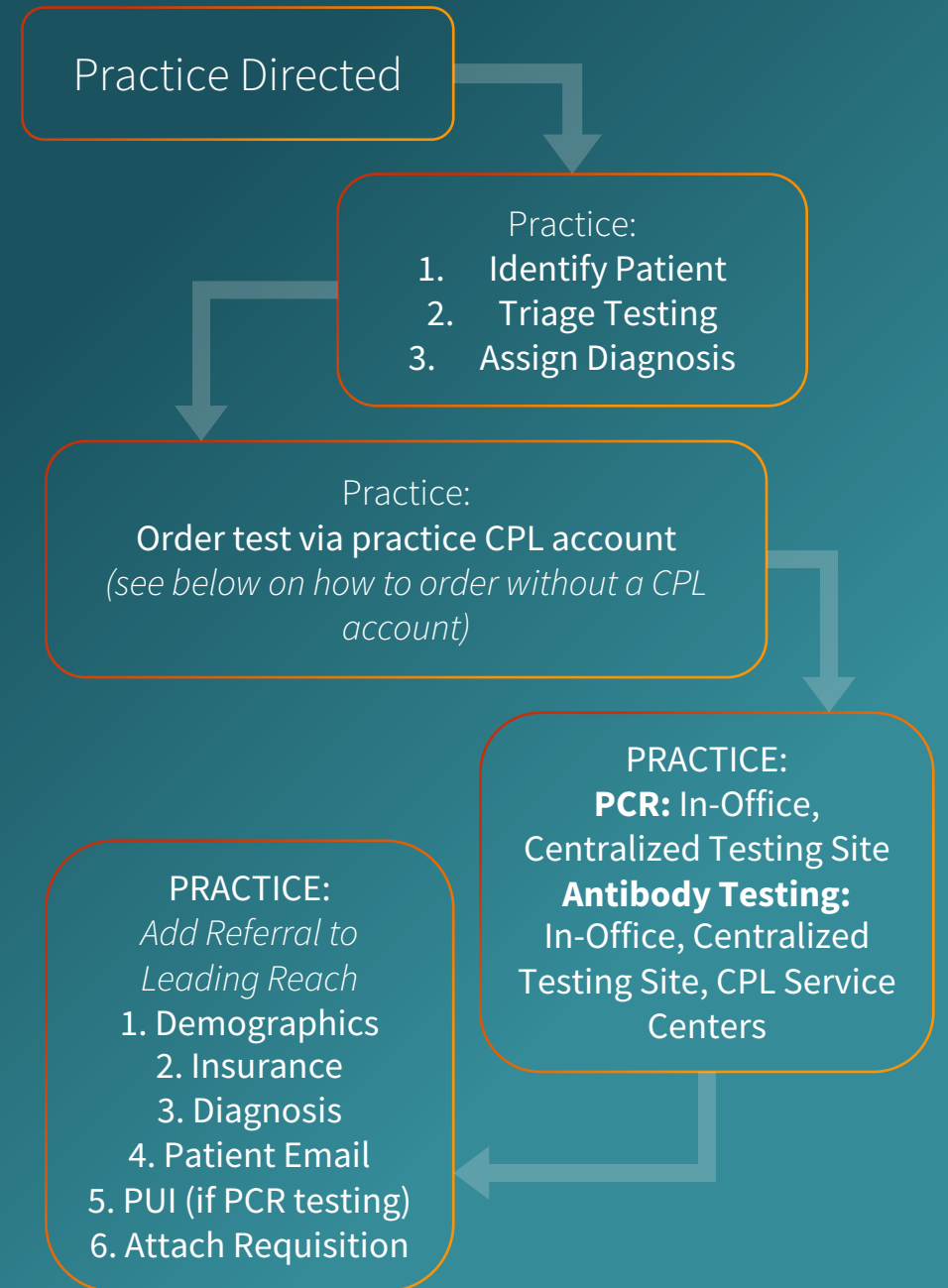
**Hours and location vary by day and are subject to change without notice to primary care physician due to supply and staffing availability.*

Centralized Testing Site Training in North Texas

As Antibody Testing is introduced at Catalyst Centralized Testing Sites and we continue to learn, **our training has been updated**. Before sending patients to a testing site, either for PCR or antibody testing, review the updated workflows shown here.

The following changes have been made to our workflow to improve end to end workflow and accommodate for the addition of antibody testing:

- **A CPL lab requisition is now required** for Centralized Testing Site referrals
- To limit data entry, we've incorporated **Reason Field dropdown options**
- **Test results will be delivered directly to the PCP** via their CPL account or fax



Site Training (Cont.)

UPDATED TRAINING MATERIALS

- [COVID-19 Testing: PCP Practice Overview](#)
- [COVID-19 Testing: LeadingReach PCP Referral Training](#)
- For PCR testing, complete and attach a [PUI Form](#)
- If you DO NOT have a CPL account, complete and attach the [CPL CHN Infectious Disease Lab Requisition](#) to your LeadingReach referral
NOTE: If you DO have a CPL account, order the lab through your normal pathway
- [Guidance for Testing Next Steps](#) helps you set expectations for your patient, but we also include this handout in our email to support a smooth experience

Lab Codes for Antibody Testing & PCR Testing (CPL & CHN Centralized Testing Sites)

CPL Lab Test Codes	
7300	COVID PCR – Swab Diagnostic Testing
7301	COVID Antibody Testing (IgG)
7305	COVID PCR Swab for HEALTHCARE WORKERS

NOTE: Additional lab testing codes will be released for combination IgA, IgG, IgM at a later date

ICD-10 Codes for Antibody Testing & PCR Testing

- **Z20.828: Contact with and (suspected) exposure to other viral communicable diseases**
 - *Use when the patient has been exposed to someone with confirmed or suspected COVID-19*
- **Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out**
 - *Used when concerned of possible exposure to COVID-19 has been ruled out*
- **Z11.59: Encounter for screening for other viral diseases**
 - *Screening for COVID-19 for asymptomatic & non-exposed patients*

Post-Testing

RESULTS

- Lab results take **3 days on average**
- Patients **should STAY at home and separated** from others to limit the potential spread of illness until results are received.
- Lab Results will be **delivered directly to the PCP** via CPL account or automated fax
- **PCP contacts patients** with test results.
 - *A follow-up virtual visit is recommended to address patient questions.*
 - *For **positive test** results, PCP contacts the **Health Department** and should document all actions in a patient's chart to reflect instructions and care plan*

Additional Post-Testing Resources

- **How to Care for Someone Who is Sick** – The CDC recommends caregivers should follow these protocols when taking care of someone who has tested positive
- **How to Clean Your Home During COVID-19** – The CDC recommends households with a COVID-19 positive patient should follow these extra cleaning steps
- **COVID-19 14-Day Symptom Monitoring Log** -- During home isolation, patients should monitor their symptoms. Ask patients to utilize the COVID-19 14-Day Symptom Monitoring Log to obtain a clear picture of the patients' progress. Notify healthcare provider when they are symptom free to get further direction about next steps

Current testing done through the Catalyst testing sites is thought to be up to 90% accurate. Unfortunately, that means that possibly 1 out of every 10 people tested may have a negative test but still have a COVID-19 infection. For this reason, in an effort to limit the risk of spread, patients should:

- Follow the guidance given in the **Guidance for Care and Isolation after Testing** until symptoms resolve

Post-Testing Follow-Up

Following any COVID-19 testing, patients require different types of follow up, depending on the type of testing performed and the results. For detailed guides on post-testing follow up, regardless of where their test was performed, click the applicable link shown here:

EXCEPTION FOR HEALTHCARE WORKERS:

The current CDC guidelines for exposed healthcare worker restrictions are below. Negative PCR with positive antibody testing suggests pasts exposure without current infection. Until more is known about incubation period, seroconversion and viral shedding, asymptomatic frontline worker who received antibody testing as part of a work readiness assessment should follow these guidelines.



PCR Diagnostic Testing ONLY	
Negative PCR Test	Positive PCR Test
Click here to download the PCR Diagnostic Testing Only Follow-Up Guide	
Combination Testing	
Negative PCR/Negative Antibody Test	Negative PCR/Positive Antibody Test
Positive PCR/Negative Antibody Test	Positive PCR/Positive Antibody Test
Click here to download the Combination Testing Follow-Up	
Antibody Testing ONLY	
Negative Antibody Test	Positive Antibody Test
Click here to download the Antibody Testing Only Follow-Up Guide	

Testimonial

“Catalyst Health Network has been the lifeline that hundreds of small practices in DFW have needed to navigate the storm that has been unleashed on us at all levels. The clinical guidance information, provision of testing locations, advice on economic support, and sense of community, that we are not having to go it alone, has been the glue that has held it all together for many small independent practices.”

Keith Wilkerson, MD
Arlington, Texas

Resources

- [Scripting Template](#)
- [Catalyst Telehealth Toolkit](#)
- [Detailed Payer Grid](#)
- [Simplified Payer Grid](#)
- [List of Medicare Telehealth Services CY 2020](#)
- [Telehealth Coding Quick Reference Guide](#)
- [Guidance For Testing: Next Steps](#)
- [COVID-19 Testing Site Procedure – PCP Practice Overview](#)
- [PUI Form](#)
- [Completing A PUI Form](#)
- [COVID-19 Leading Reach PCP Referral Training](#)
- [CPL CHN Infectious Disease Lab Requisition](#)
- [How To Care For Someone Who Is Sick](#)
- [How to Clean Your Home During COVID-19](#)
- [COVID-19 14-Day Symptom Monitoring Log](#)
- [Guidance for Care and Isolation after Testing](#)
- [PCR Diagnostic Testing Only Follow-Up Guide](#)
- [Combination Testing Follow-Up](#)
- [Antibody Testing Only Follow-Up Guide](#)