Eccolab Group Clinical Laboratory

ECCO LABORATORIES NEWS FLASH for COVID-19

Eccolab Group Co. is now able to provide testing for Coronavirus (COVID-19).

We want to reassure you that Eccolab Group Co., in partnership with Quest Diagnostics, is ready and able to proceed with Coronavirus (COVID-19) testing.

Test name: SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR

- **Collection**: Collect a dedicated nasopharyngeal (NP) from the nose or Oropharyngeal swab for throat. No other test can be performed from these specimens. If other tests are needed, a second NP/OP swab should be collected AND on a separate requisition. ***** read this again *****

- **Specimen requirements:** 1 nasopharyngeal or oropharyngeal swab in M4, VCM, or UTM media. Only sterile Dacron or Rayon swabs should be used. Do not use calcium alginate swabs as they may contain substances that inhibit PCR testing.

- This is NOT a STAT test and a STAT pick-up cannot be ordered.

Testing for 2019 Novel Coronavirus (COVID-19) is priced at **$80.00** for Facility residents and value employees that meet actual testing criteria that do not have medical insurance. Pricing considers specimen handling and transport.

Expected turnaround time: three (3) to four (4) days (see attachment on page 2 by Quest's instructions).

ICD-10 diagnosis codes are required to mitigate any unwanted charges ($80.00 per COVID-19). All **denied claims** fall directly under **Facility responsibility**.

Please refer to diagnosis coding guidelines through the CDC website or by calling us directly at 1-800-616-1770.

We have established an email address for your questions and concerns:
coronavirus.news@eccolabgroup.com

If you need to reach Eccolab Group team members, please ask for one of our designated **SAFETY OFFICERS** when you call us directly at 1-800-616-1770.

END UPDATE: MARCH 17, 2020 AT 10:00 AM

March 10, 2020

Dear Valued Customer:

As you are aware, the Coronavirus Disease 2019 or COVID-19 (formally known as 2019-nCoV) is the name for the respiratory syndrome caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). On January 30, 2020 the World Health Organization declared COVID-19 a public health emergency of international concern.

On March 5 Quest Diagnostics announced that it would launch a coronavirus (COVID-19) test. Quest is now able to receive specimens and provide testing as of March 9. The test has not been cleared or approved or authorized by the U.S. Food and Drug Administration (FDA). This test has been validated according to high-complexity testing under the Clinical Laboratory Improvement Amendments (CLIA) and is pending the FDA's independent review under the Emergency Use Authorization for COVID-19.

The Quest Diagnostics' SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR aids the presumptive detection of nucleic acid in respiratory specimens of patients meeting the clinical criteria of the U.S. Centers for Disease Control and Prevention (CDC) for COVID-19 testing.

Key details regarding Quest Diagnostics' test:

- **Test availability:** The test is available nationally. We are currently performing the test at our Quest Diagnostics Infectious Disease (QDID) laboratory in San Juan Capistrano, CA. We are scaling up testing in the next 2 weeks at other Quest high-complexity laboratories across the U.S.
- **Test ordering:** Available to order using national test code 39433. The test should be ordered on its own dedicated requisition and not combined with any other test. It is not a STAT test and a STAT pick-up cannot be ordered.
- **Specimen collection requirements:**
    - Effective March 9: Upper respiratory samples collected using a nasopharyngeal or oropharyngeal swab. One swab per M4, VCM, or UTM media. Only sterile Dacron® or Rayon swabs should be used. Do not use calcium alginate as they may contain substances that inhibit PCR testing. Wooden shaft swabs should also not be used.
    - Initiating March 16 (can be ordered now but will be frozen upon receipt): Lower respiratory specimens including bronchial lavage/wash, nasopharyngeal aspirate/wash, or sputum/tracheal aspirate samples in a plastic, sterile, leak-proof container.
    - Specimens should be shipped overnight to your local Quest Diagnostics accessioning laboratory according to standard operating procedures.
    - Samples should be shipped frozen (preferred). However, samples can be shipped refrigerated at 2-8°C and are stable at this temperature for 72 hours. Cold packs/pouches must be used if placing specimens in a lockbox for courier pick-up.
- **Test turnaround time:** Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Please reach out to your Quest representative with any questions regarding test pricing. Supplies can be ordered via your standard process.

We will continue to monitor the situation closely and provide updates as needed. For more details and the latest information, visit **QuestDiagnostics.com/COVID-19** or **cdc.gov/coronavirus/2019-ncov**.

Sincerely,

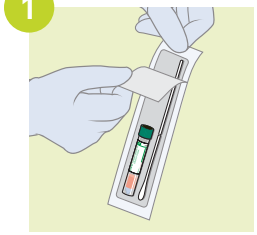
Jay Wohlgemuth, MD
Senior Vice President & Chief Medical Officer
Quest Diagnostics

Nasopharyngeal Specimen Collection

COVID-19 Testing with SARS-CoV-2-RNA, Qualitative Real-Time RT-PCR

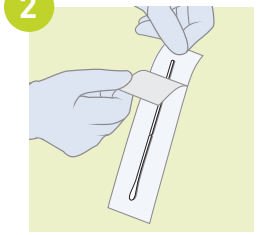
The test has not been FDA cleared or approved or authorized. The test has been validated according to CLIA, but the FDA's independent review of this validation is pending.

1



Open the individual collection package that contains the swab and Viral Transport Medium tube. Set the tube aside before beginning to collect the specimen.

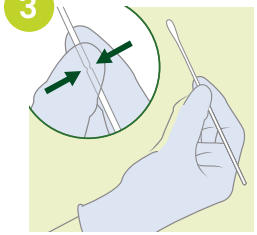
2



Open the collection swab wrapper by peeling open the top of the wrapper.

Remove the swab, taking care not to touch the tip of the swab or lay it down.

3

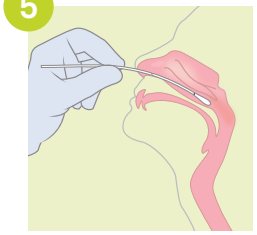


Hold the swab in your hand, placing your thumb and forefinger in the middle of the swab shaft across the scoreline.

4

Gently insert the swab into the nostril. Keep the swab near the septum floor of the nose while gently pushing the swab into the post nasopharynx.

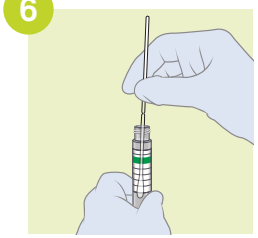
5



As a visual reference, the swab should be inserted about half the distance from the opening of the patient's nostril and the ear.

Rotate the swab several times.

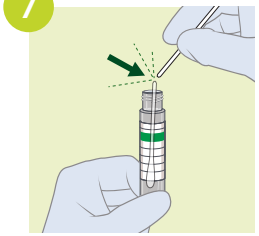
6



While holding the swab in the same hand, aseptically remove the cap from the tube.

Insert the swab into the tube with the transport medium.

7

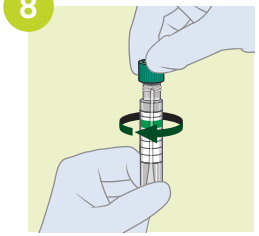


Identifying the scoreline, **break the swab shaft** against the side of the tube. If needed, gently rotate the swab shaft to complete the breakage.

Discard the top portion of the swab shaft.

Avoid splashing contents on the skin. Wash with soap and water if exposed.

8



Replace the cap onto the tube and close tightly.

Samples should be shipped frozen (preferred). However, samples can be shipped refrigerated at 2 °C–8 °C, and are stable at this temperature for 72 hours. Cold packs/pouches must be used if placing specimens in a lockbox for courier pick-up. Specimens should be shipped overnight to your local Quest Diagnostics accessioning laboratory according to standard operating procedures. SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR test is not a STAT test and STAT pick-up cannot be ordered.

QuestDiagnostics.com

CENTERS FOR DISEASE CONTROL AND PREVENTION

ICD-10-CM Official Coding Guidelines - Supplement
Coding encounters related to COVID-19 Coronavirus Outbreak
Effective: February 20, 2020

Introduction

The purpose of this document is to provide official diagnosis coding guidance for health care encounters and deaths related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

The COVID-19 caused an outbreak of respiratory illness, and was first identified in 2019 in Wuhan, Hubei Province, China. Since then, thousands of cases have been confirmed in China, and COVID-19 has also spread internationally, including in the United States. Investigations are ongoing. The most recent situation updates are available from the CDC web page, About 2019 Novel Coronavirus (COVID-19).
https://www.cdc.gov/coronavirus/2019-ncov/index.html

The confirmed COVID-19 infections can cause a range of illness, from little to no symptoms, to those affected being severely ill and even dying. Symptoms can include fever, cough, and shortness of breath. Symptoms may appear from 2 to 14 days after exposure, based on the incubation period for other coronaviruses, such as the MERS (Middle East Respiratory Syndrome) viruses.
https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the *ICD-10-CM Official Guidelines for Coding and Reporting* (effective October 1, 2019) and will be updated to reflect new clinical information as it becomes available.
https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

The ICD-10-CM codes provided in this document are intended to provide information on the coding of encounters related to coronavirus. Other codes for conditions unrelated to coronavirus may be required to fully code these scenarios in accordance with the *ICD-10-CM Official Guidelines for Coding and Reporting*. A hyphen is used at the end of a code to indicate that additional characters are required.

General Guidance

Pneumonia
For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Acute Bronchitis
For a patient with acute bronchitis confirmed as due to COVID-19, assign codes J20.8, Acute bronchitis due to other specified organisms, and B97.29, Other coronavirus as the cause of diseases classified elsewhere. Bronchitis not otherwise specified (NOS) due to the COVID-19 should be coded using code J40, Bronchitis, not specified as acute or chronic; along with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Lower Respiratory Infection
If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, this should be assigned with code J22, Unspecified acute lower respiratory infection, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere. If the COVID-19 is documented as being associated with a respiratory infection, NOS, it would be appropriate to assign code J98.8, Other specified respiratory disorders, with code B97.29, Other coronavirus as the cause of diseases classified elsewhere.

ARDS
Acute respiratory distress syndrome (ARDS) may develop in with the COVID-19, according to the Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (COVID-19) Infection.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29, Other coronavirus as the cause of diseases classified elsewhere.

Exposure to COVID-19
For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.

For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Signs and symptoms
For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
• R05 Cough

• R06.02 Shortness of breath

• R50.9 Fever, unspecified

Note: Diagnosis code B34.2, Coronavirus infection, unspecified, would in generally not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”

If the provider documents “suspected”, “possible” or “probable” COVID-19, do not assign code B97.29. Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828).

This coding guidance has been developed by CDC and approved by the four organizations that make up the Cooperating Parties: the National Center for Health Statistics, the American Health Information Management Association, the American Hospital Association, and the Centers for Medicare & Medicaid Services.

Reference:

COVID-10 clinical presentation:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html