

**PRIMARY CARE
ROADMAP TO RECOVERY**

**COVID-19 TESTING
GUIDELINES**



Maryland
DEPARTMENT OF HEALTH

COVID-19 Testing Guide for MDPCP Practices

Guide Summary

Governor Hogan is encouraging all primary care providers to test their patients for COVID-19 in support of the long-term statewide testing program. This guide is intended to help MDPCP practices put together a COVID-19 testing strategy for patients; either within the practice (if appropriate) or externally. This guide includes information on testing for current COVID-19 infection (viral nucleic acid or antigen), but not for serology or antibody tests.

Key messages

- All primary care practices are encouraged to test **any** of their patients who wish to be tested for COVID-19; regardless of presence of symptoms or insurance status
- Testing widely is one of the most important public health interventions to reduce the spread of Coronavirus. Practices may prioritize testing to high-risk individuals based on COVID-19 Vulnerability Index score, and clinical criteria; while offering testing to all patients
- The Coronavirus testing strategies are rapidly evolving and will continue to change. The guide speaks to currently available testing in Maryland. Practices should stay aware of future enhancements
- Setting up office-based COVID-19 testing requires Personal Protective Equipment (PPE), and processes to send samples to a lab. Maryland Department of Health (MDH) can facilitate PPE acquisition, if necessary
- Use this Guide to develop your practice's testing strategy
- Reach out to your Care transformation Organization (CTO) or MDPCP PMO coach if you require further assistance

This Guide is a sequel to the [MDPCP Primary Care Roadmap to Recovery Guide](#).

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A. Who can be tested? - Anyone

I. Any Patient On-Demand

As of July 1, 2020, the State of Maryland has broadly available testing, so healthcare providers should test patients who request a COVID-19 test regardless of whether the patient has symptoms. Primary care practices may want to collect a specimen at the practice site or in the patient's home. Otherwise, practices without the capacity to collect specimens should send a patient to a local collection site with an order. Practices are also encouraged to actively reach out to patients who they believe should be tested¹.

Individuals who should be prioritized for testing and follow-up include:

- A. Symptomatic individuals; and
- B. Asymptomatic individuals where COVID-19 exposure may be possible, including:
 - a. Contacts of confirmed COVID-19 cases (e.g., contact tracing, outbreak or cluster investigation);
 - b. Residents and staff of congregate living settings and long-term care facilities (e.g., nursing homes, assisted living facilities, residential programs and group homes serving individuals with developmental disabilities, behavioral health residential programs and group homes, dormitories, housing shelters, detention or correctional facilities);
 - c. Healthcare workers and first responders (e.g., emergency medical service personnel, home health care workers, and law enforcement personnel);
 - d. Patients, especially high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19;
 - e. Individuals employed in close contact settings (e.g., manufacturing, retail, public transport, school, childcare, camp, food service or processing, personal services) or for children attending school, camp, or child care, and Individuals previously in a large gathering.
- C. Individuals who have traveled to or returned to Maryland from out-of-state travel.

II. At-Risk Patients

a. Patients with a high COVID-19 Vulnerability Index (CVI)

MDPCP practices should outreach to patients who are at high risk for COVID-19. MDPCP Practices can use the new COVID-19 Vulnerability Index (CVI), in the Likelihood of Avoidable Hospital Events (Pre-AH) report to identify high-risk patients. Patients with a risk score of 3 - 5 (moderate-high risk) in the CVI report should be prioritized for follow-up. Patients at high-risk of severe illness if contracting COVID-19 can be proactively contacted and educated on safe

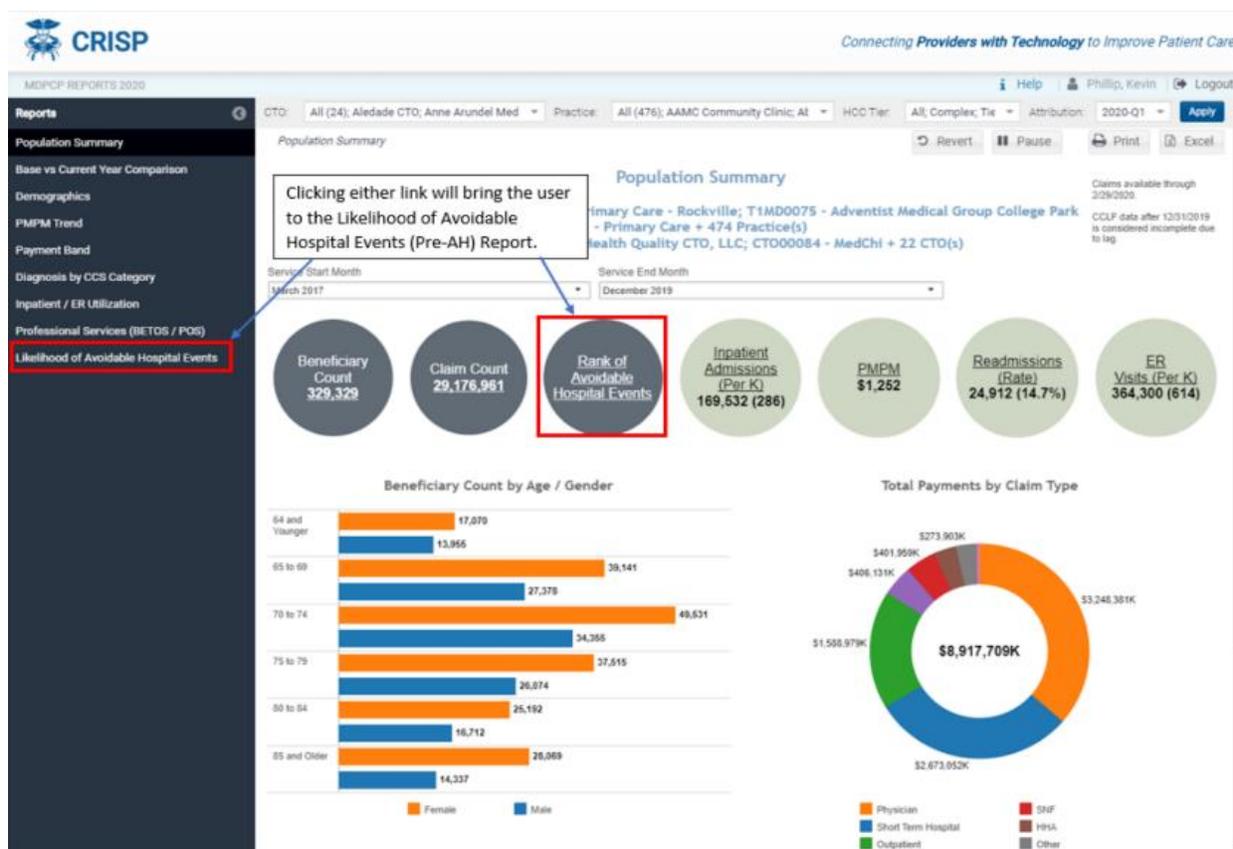
¹ [Amended Directive and Order Regarding Various Healthcare Matters - July 2020](#)

practices such as social distancing, masking, and hand hygiene. You can confirm they are adhering to their medication regimen and have access to refills. Additionally, high-risk patients should know to call their provider if they become ill. Practices should also inform high-risk patients about testing availability at the practice or at testing sites and encourage them to be tested for COVID-19 as a preventive measure. Practices should regularly check the Pre-AH tool (at least monthly) and use this report to proactively identify patients for testing or outreach. Be sure not to scare the patients, but encourage them to consider testing as a preventive measure. Send out frequent communications to all your patients through patient portals and other channels, about the opportunities available to them for testing. The [CDC Website](#) and [CDC Flyer](#) provide guidance on safe practices for at-risk patients. You can also review the [Fact Sheet: Five things to do now to prevent a surge of COVID-19](#).

How to access the CVI Tool

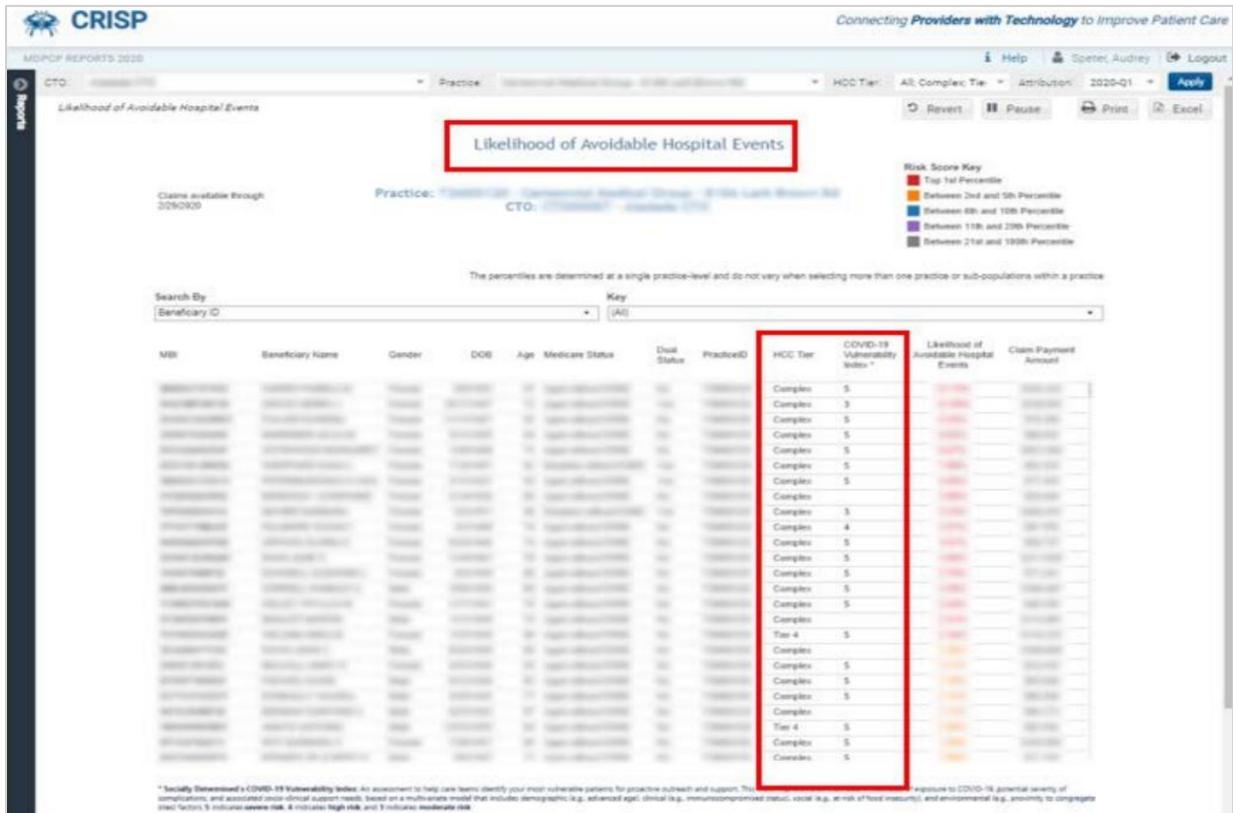
The Pre-AH tool can be accessed from your CRISP unified landing page (ULP) shown below:

Figure 1: CRISP MDPCP ULP



Once you have accessed and ran the report, use the **COVID-19 Vulnerability Index** column to identify high-risk patients:

Figure 2: COVID Vulnerability Index (CVI)



b. At-risk patients based on clinical criteria

Patients who are at higher risk for severe illness from COVID-19 include older patients, and patients who are immunocompromised. You should also proactively outreach these patients and consider testing them. Your practice can use population-level data in your EHR to identify subpopulations at high risk for severe COVID-19 complications (e.g. patients with diabetes) and use this list for proactive outreach. This workflow will vary depending on your EHR but harnessing your EHR data for this purpose is a strong opportunity to prevent severe COVID-19 cases.

B. Office-Based Testing

Testing patients for COVID-19 directly at your primary care practice, provides two important benefits for your patients:

1. **Likelihood of timely testing** – when patients are tested immediately on-site, you can guarantee they will be tested without delay. Without in-house testing, patients may not get tested that day or at all, either from choice or circumstance.
2. **Tracking patient status** – in-house testing ensures the testing provider him/herself is notified of positive result rather than seeking a result from another source.

If there is an existing testing site adjacent to your practice, testing patients there has similar benefits. If there is no existing site nearby, your practice can set up in-house testing.

This section describes the necessary steps to take when setting up testing at your practice.

I. Testing location

Testing should be conducted in well-ventilated, separated areas attended by the minimal number of staff required to effectively and efficiently undertake testing. Recommended testing locations include:

- Parking lot drive-by
- Parking lot tent sampling
- Dedicated exam room

If exterior space at your practice permits outdoors testing, be sure to evaluate both pedestrian and vehicular traffic when selecting a location. Also consider air-conditioning your outdoor space during warm weather. If testing must be conducted inside, do so in a closed, dedicated room to minimize spread to adjoining rooms and/or occupied spaces.

Additionally, and to the extent possible, offer and test during dedicated times of day or days of the week in testing events or clinics, and assign personnel specifically dedicated to testing.

II. COVID-19 Specimen Collection Options

CDC provides [Guidance on Collecting, Handling, and Testing Clinical Specimens for COVID-19](#). Per CDC guidelines, there are five specimen collection options for diagnostic COVID-19 testing.

- **Nasopharyngeal (NP)** – Collected by a healthcare provider
- **Oropharyngeal (OP)** - Collected by a healthcare provider
- **Nasal mid-turbinate swab** - Collected by a healthcare provider or via supervised onsite self-collection (using a flocked, tapered swab)
- **Nasal swab (anterior nares)** - Collected by a healthcare provider, supervised self-collection, or home self-collection (using a flocked or spun polyester swab)
- **Nasopharyngeal wash/aspirate** – Collected by a healthcare provider

For details on these collection options, see [Appendix I](#). You can also learn more about [Swab Differences for POC and Standard COVID Testing through this link](#).

III. Safe Testing and Sample Handling

Healthcare providers coming into contact with patients who may have COVID-19 should take necessary precautions. This includes maintaining 6 feet of distance where possible and wearing the necessary Personal Protective Equipment (PPE). Healthcare professionals in the room with patients being tested for COVID-19 should wear the following PPE, as dictated by the CDC:

1. **Respirator or facemask** – N95 or higher-level respirator (or facemask if not available)
2. **Eye protection – face shield or goggles**
3. **Gloves** – perform hand hygiene immediately after removing gloves
4. **Gowns**

Follow CDC guidelines for proper PPE don (putting on) and doff (taking off) ([CDC: Using Personal Protective Equipment \(PPE\)](#)). As stated by CDC guidelines, "For providers who are handling specimens, but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the patient, follow [Standard Precautions](#); gloves are recommended. Healthcare personnel are recommended to wear a form of (facemask or cloth face covering) at all times while in the healthcare facility." To learn more visit: [CDC Page: Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [CDC: Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19](#). For outdoors or drive-through testing, healthcare providers collecting specimens should wear PPE as required for testing staff in the VEIP testing.

For detailed information on the testing process see [Appendix IV](#), [Appendix V](#), and [Appendix VI](#).

PPE and Testing Supply

a. Personal Protective Equipment (PPE)

PPE can be obtained by ordering from commercial vendors or local Maryland health departments. If your practice has a relationship with a PPE vendor, continue to procure PPE from that vendor. There are many Maryland companies producing PPE in response to COVID-19; see [Appendix II](#) for a detailed list. If unable to obtain PPE from the listed Maryland commercial sources, you may contact [National and International PPE Suppliers](#). PPE can also be sourced from Maryland's local health departments using the [PPE request form and MDH local contacts](#).

b. Testing Materials & Cleaning Supplies

Order testing materials through your normal supply chain with lab companies. You should also order enough cleaning supplies from your normal supplier.

IV. Choosing a Lab

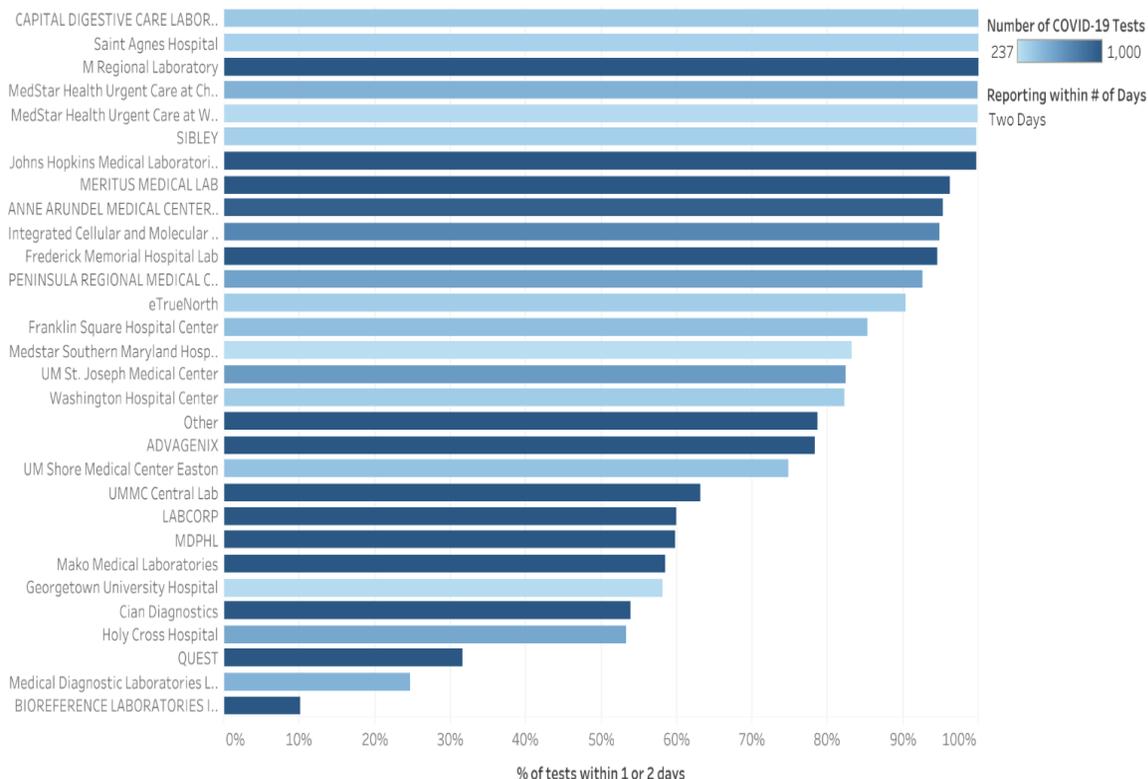
Healthcare practices are encouraged to use the fastest possible route to test and receive results. The CRISP Public Health Dashboard shows labs and the percentage of COVID-19 test they reported in under two days. This data can help you decide which lab to use based on the historical timeliness of testing. The report is called "**Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19**" (See figure 3 below).

Options include commercial and state laboratories; see [Appendix III](#) for a list of available laboratories. For more information on labs, visit [Maryland Department of Health \(MDH\) Laboratory](#)

Figure 3: Test Reporting 2-Day Turnaround Rating (Current as of 7/4/20)

Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19

CRISP refreshes the data daily overnight. Report totals may differ from Maryland Department of Health figures. The figures may include some non-Maryland residents. This information is intended to assist Maryland health care providers and public health leaders in understanding the progression and direction of COVID-19 testing. The data are unverified and not publicly available. Any indicator of a pending test period is an approximation by CRISP based on review of the NEDSS data.

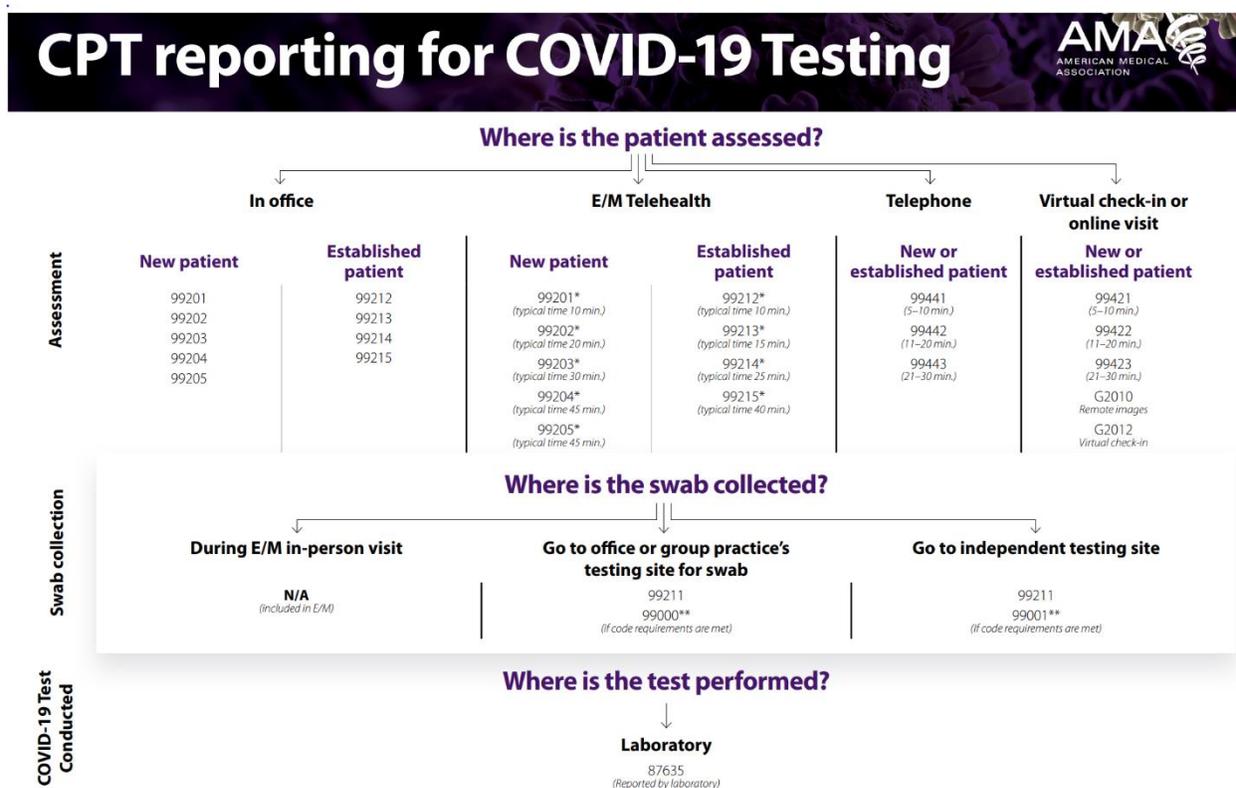


C. Reimbursement Codes for Specimen Collection

Per the Maryland Secretary of Health’s directive issued July 1, 2020, “Healthcare providers shall order a COVID-19 test for any individual who believes it necessary, regardless of symptoms”. Laboratories processing COVID-19 tests for Maryland residents must accept reimbursement from patients’ insurance - private, Medicare, Medicaid, or other payers. Patients should be tested for COVID-19 if requested regardless of whether they have health insurance. If a patient is uninsured, providers and laboratories can still be reimbursed. To help patient with cost-sharing for COVID-19 testing, the CARES Act includes a limited provision that waives co-pays for patients.

The American Medical Association provides general guidance on CPT codes for billing COVID-19 assessment & testing (Figure 4).

Figure 4: [AMA: CPT reporting for COVID-19 Testing](#)



As shown in figure 4 above, providers will not get additional reimbursement if swab collection is done during E/M in-person visit. Additional billing codes related to COVID-19 testing by payer is summarized in [Appendix VII](#).

Reimbursement for uninsured patients

In response to the coronavirus crisis, Congress passed the Families First Coronavirus Response Act (FFCRA) on March 18, 2020, ensuring free COVID-19 testing for uninsured individuals. This provides reimbursement to care providers and facilities for the costs associated with diagnosis and testing of uninsured individuals. See [Guidance on Application for Reimbursement for COVID-19 Testing and Treatment](#).

D. Other Office Procedures During COVID-19

Whether or not your practice is implementing onsite COVID-19 testing, every patient could potentially carry the COVID-19 virus, with or without symptoms. Your practice should take the following precautions to help keep healthcare providers and patients safe:

- **Maintain distance** – where possible, facilitate maintenance of 6 feet between patients and providers. Use markers or signs in your waiting area to denote 6 feet of separation and rearrange waiting areas if necessary. If this is not possible, consider asking patients to stay in their vehicles until called in for their appointments. Also consider installing transparent barrier screens at the front desk and/or in-between sitting areas.

- **Promote hand hygiene and facemasks** – use visual posters or signs to indicate that face coverings are required in your practice. Provide hand sanitizer and face coverings in your waiting area for patients who enter without a face mask. You can print resources from the CDC website - [CDC: Print Resources & Posters](#).
- **Take precautions for symptomatic patients** – ask symptomatic patients to call the office before their arrival to alert office staff to take proper precautions. Consider a separate entrance and/or waiting area for symptomatic patients if feasible.

To learn more, visit [CDC: Managing Outpatient Ambulatory Operations During the COVID-19 Pandemic](#) and see the [MDPCP Primary Care Roadmap to Recovery Guide](#).

E. Referral to Out-of-Office Sites

If for any reason(s) you are unable to test in your office or in an adjacent outside area, you can refer patients to external existing testing sites throughout the state. Your practice should be aware of nearby testing sites for easy patient referral. Reference the [Maryland.gov up-to-date testing site list](#) for an up-to-date list.

Please encourage your patients to contact the site where they plan to be tested to learn about appointment procedures and other requirements, if any. Test results tend to be received fastest when tests are ordered by providers rather than patients.

F. Results Reporting

After testing your patients for COVID-19 or referring your patients externally, it is important to review test results and follow up with patients who have tested positive. Due to high demand from time to time some labs have very delayed results. You should prioritize your sample submissions accordingly.

I. Viewing results through CRISP

CRISP offers multiple methods of viewing patients' lab results through the CRISP Unified Landing Page (ULP); see figure 5 below.

Results can be viewed in patients' records and through the ENS Prompt which will show lab results reported to MDH or results from Quest and LabCorp ordered by providers through CRISP. For details on steps required to view COVID-19 reports in CRISP, watch this [Video: Viewing Your Patient's COVID-19 Results Through the CRISP \(begin at 4.29 minutes\)](#). If questions arise, please contact your CRISP Outreach Liaison or the CRISP Customer Care Team by calling 1.877.952.7477 or emailing support@crisphealth.org.

Figure 5: CRISP COVID-19 Results Viewer

CRISP Unified Landing Page

HOME CALIPR CENSUS VIEW PATIENT SNAPSHOT ENS PROMPT **HEALTH RECORDS** EMERGENT IMAGING PDMP IMAGING-WORKLIST COVID-19 LAB ORDER NO PATIENT: COVID-19 LAB ORDER

COVID-19 RESULTS VIEWER

GRAPE, GILBERT

Male | 03 Jan 1984 (36 Y)
EID 151672388

HEALTH RECORDS
Date Range: 1 Year

Laboratory Radiology Clinical Notes

Search...

Clear Selected

Date	Description	Facility / Provider
2020-06-09	SARS-CoV-2	Western Maryland Health System STAMI Michael Stanko
2019-04-16	BASIC METABOLIC PANEL	Meritus Medical Center 1983924724 TANNI VASHISHT
2019-04-16	MRSA PCR RAPID SCREEN	Meritus Medical Center 1467562371 MUDUSAR RAZA
2019-03-12	BASIC METABOLIC PANEL	St Agnes Hospital ADDAIKAT KATHERINE ADDAI
2019-02-01	PT	Meritus Medical Center 1497721294 Mitch Mitcherson
2019-02-01	GLUCOSE-POCT	Sallyson Sally S

Previous Page 1 of 1 100 rows Next

Narrative
COMMENTS TO NURSING: for nursing home placement
Is patient an admit or a healthcare worker? Y

Observation

Reported	Name	Value / Ref. Range	Interpretation	Status
2020-06-09	SARS-CoV-2 SARS-CoV-2	NOT DETECTED		Final

SARS-CoV-2 target nucleic acids Not Detected
A negative result does not preclude SARS-CoV-2 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.
A false negative result may occur if a specimen is improperly collected, transported or handled. False negative results may also occur if inadequate numbers of viruses are present in the specimen.
This test has been authorized by the FDA under an Emergency Use Authorization for authorized laboratories.
SOURCE SITE

II. Viewing results through your EHR and lab interface

If a COVID-19 test is performed onsite and specimens are sent directly to a lab for analysis, results should appear in your EHR through existing interfaces with lab systems. Use existing EHR workflows to access results.

G. Appendix

Appendix I: COVID-19 Specimen Collection Options

- **Nasopharyngeal swab/Oropharyngeal (Throat) swab**
 - Use only synthetic fiber swabs with plastic or wire shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. CDC now recommends collecting only the NP swab, although OP swabs remain an acceptable specimen type. If both NP and OP swabs are collected, they should be combined in a single tube to maximize test sensitivity and limit use of testing resources.
 - *NP swab:* Insert minitip swab with a flexible shaft (wire or plastic) through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx. Swab should reach depth equal to distance from nostrils to outer opening of the ear. Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it. Specimens can be collected from both sides using the same swab, but it is not necessary to collect specimens from both sides if the minitip is saturated with fluid from the first collection. If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril.
 - *OP swab:* Insert swab into the posterior pharynx and tonsillar areas. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.
 - Additional Resources:
 - **For Adults:** Instructions on how to swab (from VEIP testing) is in [Appendix IV](#)
 - Video - [Collection of Nasopharyngeal Specimens with the Swab Technique](#)
 - **For Pediatrics:** Instructions on how to swab (from VEIP testing) is in [Appendix VI](#)
 - Video - [Pediatric Nasopharyngeal Sample Collection](#)
- **Nasal mid-turbinate (NMT) swab, also called Deep Nasal Swab**
 - Use a flocked tapered swab. Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch (about 2 cm) into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
- **Anterior nares specimen (nasal swab)**
 - Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nostril (naris) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Sample both nostrils with same swab. Nasal swab sampling is less invasive and can be a more comfortable collection procedure for patients while still producing comparable results.

Additionally, because nasal swab sampling can be performed under supervised self-collection, healthcare providers can decrease their risk and PPE usage (gown not required) and maintain 6 feet of distance. For these reasons, nasal swab sampling may be preferred for your practice.

- Additional Resources:
 - Instructions on how to swab (from VEIP testing) is in [Appendix V](#)
 - Videos – [Nasal Swab Instructions](#)
 - Source: [OASH-nasal-specimen-collection-fact-sheet](#)
- **Nasopharyngeal wash/aspirate or nasal wash/aspirate**
 - Attach catheter to suction apparatus. Have the patient sit with head tilted slightly backward. Instill 1 mL-1.5 mL of non-bacteriostatic saline (pH 7.0) into one nostril. Insert the tubing into the nostril parallel to the palate (not upwards). Catheter should reach depth equal to distance from nostrils to outer opening of ear. Begin gentle suction/aspiration and remove catheter while rotating it gently. Place specimen in a sterile viral transport media tube.

Appendix II: Maryland Suppliers Producing PPE in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
<u>Awesome Ninja Labs</u>	Baltimore City	Medical devices	Face shields
<u>CoastTec</u>	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
<u>CR Daniels</u>	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
<u>DiPole Materials</u>	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
<u>DVF Corporation</u>	Washington	Metal and plastic fabrications	Plastic components of respirators
<u>Fashions Unlimited</u>	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
<u>Fabrication Events</u>	Howard	Special event décor	Face masks, head coverings, and other PPE
<u>Harbor Designs</u>	Baltimore City	Manufacturing design and engineering	Ventilators
<u>Hardwire, LLC</u>	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
<u>K&W Finishing</u>	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
<u>Key Technologies</u>	Baltimore City	Medical devices	Blower units for positive air pressure respirators
<u>LAI International</u>	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
<u>Manta BioFuels</u>	Baltimore County	Energy technology	Face shields
<u>Marty's Bag Works</u>	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
<u>Nations Photo Lab</u>	Baltimore County	Full-service photo printing	Face shields
<u>NRL & Associates</u>	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
<u>Potomac Photonics</u>	Baltimore County	Biotech and medical devices	PPE visors
<u>Rankin Upholstery</u>	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
<u>Strouse</u>	Carroll	Adhesive solutions	N-95 masks
<u>X-Laser</u>	Howard	Laser light show systems	Face shields

Appendix III: List of Commercial and State laboratories

A. Commercial

Quest Diagnostics

www.questdiagnostics.com

Practices can use their existing Quest clients to order tests. If you need a client number, contact the Baltimore sales representative at 1-855-844-6993

Labcorp

www.labcorp.com

<https://www.labcorp.com/contact-labcorp-account-representative>

Cian Diagnostics (Frederick, MD)

<https://www.ciandx.com/>

Tests can be ordered using the company website using the “test pick up/drop off” button at the top of the home page. The site also provides instructions on sample collection and storage.

Real Diagnostics

www.realdxlabs.com

This company currently tests for hospitals, healthcare systems and government agencies, but no private practices and individual people. Private practices are invited to monitor the site for updates and change.

B. State

Reference the [Guide to Public Health Laboratory Services](#) for public health laboratory services available to health officers, physicians, and other health professionals to assist in the prevention, diagnosis, and control of human diseases. You can also reference the Maryland guide to lab services manual: [Maryland Department of Health: Laboratories](#) for more information.

Appendix IV: COVID-19 Testing Site Instructions For Specimen Collection Kit – Nasopharyngeal Swab

Aim: Collect nasopharyngeal specimen for SARS-CoV-2, the virus that causes COVID-19

Personnel: 1 Tester (Practice Staff), 1 Tester Kit:

- 1 nasopharyngeal swab
- 1 specimen tube of Universal/Viral Transport Media or sterile saline
- 1 laboratory requisition form
- 1 specimen bag
- 1 pen

Prior to Specimen Collection (Performed by Tester)

1. Perform hand hygiene and use proper personal protective equipment (PPE).
2. Verify the client's name, date of birth (DOB), and the ordering provider.
3. Write the client's full name, DOB, and the testing date legibly on the specimen tube.
4. Write the client's information on the lab requisition form. Ensure that the client's name is visible and legible, and that all information (including provider name, NPI, fax information) is complete, accurate, and matches the information on the CRISP system.
5. If the lab requisition form has a duplicate back, remove duplicate and place in a predetermined safe location.
6. Follow instructions for folding and placing the original lab requisition form per the lab's instructions (usually written on the specimen bag). If no instructions are available, fold and place the requisition form so that the client's name is clearly visible and facing outward.
7. Open the packaging of the swab and have the tester pull the swab from the packaging

Specimen Collection (Performed by Tester)

1. Perform hand hygiene and use proper PPE.
2. Receive swab and specimen tube from tester.
3. Check to make sure the client's identifying information is present on the specimen tube.
4. Explain the procedure to the client.
5. Encourage the client to blow his or her nose with a tissue to clear the nasal passage.
6. Tilt the client's head back 70 degrees and insert the swab through one nostril straight back (not upwards), along the floor of the nasal passage until you encounter resistance, indicating

contact with the nasopharynx (the distance is generally equivalent to that from nostrils to outer opening of client's ear).

7. Gently rotate the swab and then leave it in place for 10-15 seconds.
8. Carefully remove the swab from the nostril.
9. Open the specimen tube cap and insert the swab into the specimen tube. Make sure the swab tip is covered by the liquid in the tube.
10. The swab shaft extends past the top of the tube. Break the shaft at the scored line, allowing the end with the swab tip to remain in the liquid. The tip of the swab must be immersed in the liquid. The swab is to remain in the tube for transport to the lab.
11. Securely tighten the cap on the specimen tube. Dispose of the remnant portion of the swab shaft.
12. Insert tube into the specimen bag, which is being held by the tester (note: tester should be careful not to come into direct contact with the tube, the inside of the specimen bag, or the tester's hands).
13. Remove gloves and perform hand hygiene.
14. Put on new gloves for the next client.

Post-Specimen Collection (Performed by Tester)

1. Once the tube is in the specimen bag, close the bag tightly.
2. Refrigerate the specimen at 2-8°C in the provided storage box until ready for pick-up by the supplies team or lab courier.

Appendix V: COVID-19 Testing Site Instructions For Specimen Collection Kit – Nasal Swab

Aim: Collect anterior nares (both nostrils) specimen for SARS-CoV-2, the virus that causes COVID-19.

Personnel (per testing station) - 1 Tester 1 Tester Kit:

- 1 foam or polyester swab
- 1 specimen tube of Universal/Viral Transport Media or Sterile Saline
- 1 laboratory requisition form
- 1 specimen bag
- 1 storage box with ice pack
- 1 pen

Location of Specimen Collection: Prior to Specimen Collection (Performed by Tester)

1. Perform hand hygiene and use proper personal protective equipment.
2. Verify the client's name, date of birth (DOB), and the ordering provider with CRISP system on tablet.
3. Write the client's full name, DOB, and the testing date legibly on the specimen tube. Nasal Swab: Collection of specimen from the anterior nares (nostril)
4. Write the client's information on the lab requisition form. Ensure that the client's name is visible and legible, and that all information (including provider name, NPI, fax information) is complete, accurate, and matches the information on the CRISP system.
5. If lab requisition form has a duplicate back, remove duplicate and place in a safe location.
6. Follow instructions for folding and placing the original lab requisition form per the lab's instructions (usually written on the specimen bag). If no instructions available, fold and place the requisition form so that the client's name is clearly visible and facing outward.
7. Open the packaging of the swab and have tester pull ONE swab from the packaging (note: tester and tester's hands should not come into contact).
8. Hand the tester the specimen tube (note: tester and tester's hands should not come into contact).

Specimen Collection (Performed by Tester)

1. Perform hand hygiene and use proper personal protective equipment.
2. Receive the swab and specimen tube from tester.
3. Check to make sure the client's identifying information is present on the specimen tube.

4. Ask the client to roll down the vehicle's window.
5. Explain the procedure to the client.
6. Insert the tip of the swab into one nostril, just far enough until the foam/polyester tip of the swab is no longer visible (about 1 cm or 0.5 inch).
7. Gently rotate the swab in a circle around the entire inside edge of the nostril (against the nostril wall) at least 3 times. Leave the swab in place for 10-15 seconds.
8. Carefully remove the swab from the nostril, and using the same end of the same swab, repeat steps 6 and 7 in the other nostril.
9. Open the specimen tube cap, and insert the swab into the specimen tube. Make sure the swab tip is covered by the liquid in the tube.
10. The swab shaft extends past the top of the tube. Break the shaft at the scored line (if available), allowing the end with the swab tip to remain in the liquid. The tip of the swab must be immersed in the liquid. The swab is to remain in the specimen tube for transport to the lab.
11. Securely tighten the cap on the specimen tube. Dispose of the remnant portion of the swab shaft.
12. Insert tube into the specimen bag, which is being held by the tester (note: tester should be careful not to come into direct contact with the tube, the inside of the specimen bag, or the tester's hands).
13. Remove gloves and perform hand hygiene.
14. Put on new gloves for the next client.

Post-Specimen Collection (Performed by Tester)

1. Once the tube is in the specimen bag, close the bag tightly.
2. Refrigerate the specimen at 2-8°C in the provided storage box until ready for pick-up by the supplies team or lab courier. There is NO need to freeze the specimen.

Appendix VI: COVID-19 Testing Site Specimen Collection – Special Considerations for Pediatric Clients

Purpose: To describe special procedures for collecting nasopharyngeal specimens for SARS-CoV-2, the virus that causes COVID-19, from infants and children

Additional Equipment: Disposable rulers, if available Pre-Testing

1. The adult would verify the child's identity. Note that verification and testing can be done outside the testing bay, if desired.
2. The tester should explain the procedure to the adult about the testing process for the child
3. The tester will instruct the adult to assist with holding the child. The surrounding area should be clear of staff (at least 6 feet away) when this is occurring.

Positioning of Tester

Consider the tester's dominant hand, and the position that would make it easiest to reach the child's nostril to collect the specimen, prior to performing the test.

Positioning of Infants and Toddlers

Option 1: Child placed over the shoulder

1. For infants, the adult should hold the infant over the shoulder. The infant's head should lay on the shoulder of the adult. The adult should put a hand firmly on the baby's head to hold it in place. If needed, direct the adult to lean the infant's head back a little so that there is clearer access to the nostril.
2. For toddlers, the toddler should lay back on the adult. The adult should use one hand to secure the child's hands, and the other hand to hold the child's head against the adult's chest.

Option 2: Child placed on laps

1. The adult should have the child seated on their laps, and hold the child's forehead against their chest, and also hold the child's arms down.

Ensuring Right Depth of Insertion (Recommended)

1. Place a disposable ruler at the child's earlobe and measure the distance from the earlobe to the base of the nose (opening of the nostrils).
2. Take the swab and lay it on the ruler.
3. Mark the swab handle with a pen or marker at half the measured distance, starting from the tip of the swab. For example, if the distance from the earlobe to the base of the nose is 4 inches, then the swab handle should be marked 2 inches from the tip of the swab. This would be the approximate depth of swab insertion.

Specimen Collection:

1. Instruct the adult to firmly hold the child's head in position and restrain the arms and legs with the other arm.
2. The tester should cup the chin and cheek of the child to hold the head in place.
3. The swab should be inserted parallel to the palate, not up.
4. Insert the swab gently and if there is resistance felt, try to partially pull out and reposition the angle before inserting again. If there is still resistance felt, try the other nostril. Do not go past the mark placed on the swab handle.

Appendix VII: Billing codes related to COVID-19 testing by Payer

United Health Care		
Service	Codes	Additional Information
Testing-Related Services	ICD-10 Code: Z03.818, Z20.828	Cost share will be waived for testing and testing-related services when billed with diagnosis codes Z03.818, Z20.828
	Place of Service: (11) Office visits/telehealth	Billing: Use ICD-10 diagnosis code Z03.818 for suspected exposure to COVID-19 or Use ICD-10 diagnosis code Z20.828 for exposure to a confirmed case of COVID-19
Specimen Collection	CPT Code: 99001	Cost share will be waived for specimen collection, along with appropriate ICD-10 code of Z03.818 or Z20.828, if not billed with separate E&M charges
Office Visit/Telehealth	Standard E&M Codes	Bill with appropriate E&M codes Use ICD-10 diagnosis code Z03.818 for suspected exposure to COVID-19 or Use ICD-10 diagnosis code Z20.828 for exposure to a confirmed case of COVID-19
Learn more: UHC COVID-Testing Provider Billing Guidance		

Aetna		
Service	Codes	Additional Information
Testing-Related Services	ICD-10 Codes: Z03.818, Z20.828	Use ICD-10 diagnosis code Z03.818 for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation Use ICD-10 diagnosis code Z20.828 for cases where there is an actual exposure to someone who is confirmed to have COVID-19
Specimen Collection	CPT Code: 99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory. (distance may be indicated)
Learn more: Aetna: Billing and coding		

Care First		
Service	Codes	Additional Information
Testing-Related Services	ICD-10 Codes: Z03.818, Z20.828	Regardless of place of service: Use ICD-10 diagnosis code Z03.818 for cases where there is a concern about a possible exposure to COVID-19, or Use ICD-10 diagnosis code Z20.828 for cases where there is an actual exposure to someone who is confirmed to have COVID-19
Specimen Collection	CPT Code: 99001	Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory. (distance may be indicated)
Learn more: Care First Coronavirus Resource Center		

Medicare		
Service	Codes	Additional Information
Testing-Related Services	ICD-10 Codes: Z03.818, Z20.828	Regardless of place of service: Use ICD-10 diagnosis code Z03.818 for cases where there is a concern about a possible exposure to COVID-19, or Use ICD-10 diagnosis code Z20.828 for cases where there is an actual exposure to someone who is confirmed to have COVID-19
Specimen Collection	CPT Code: 99211	Practitioners can be paid for assessment and specimen collection for COVID-19 testing with CPT code 99211 (except if the provider is reporting another Evaluation and Management code for a concurrent service). Medicare will recognize this code for all patients, not just established ones.
Learn more: Medicare FFS COVID-19 Billing FAQ		

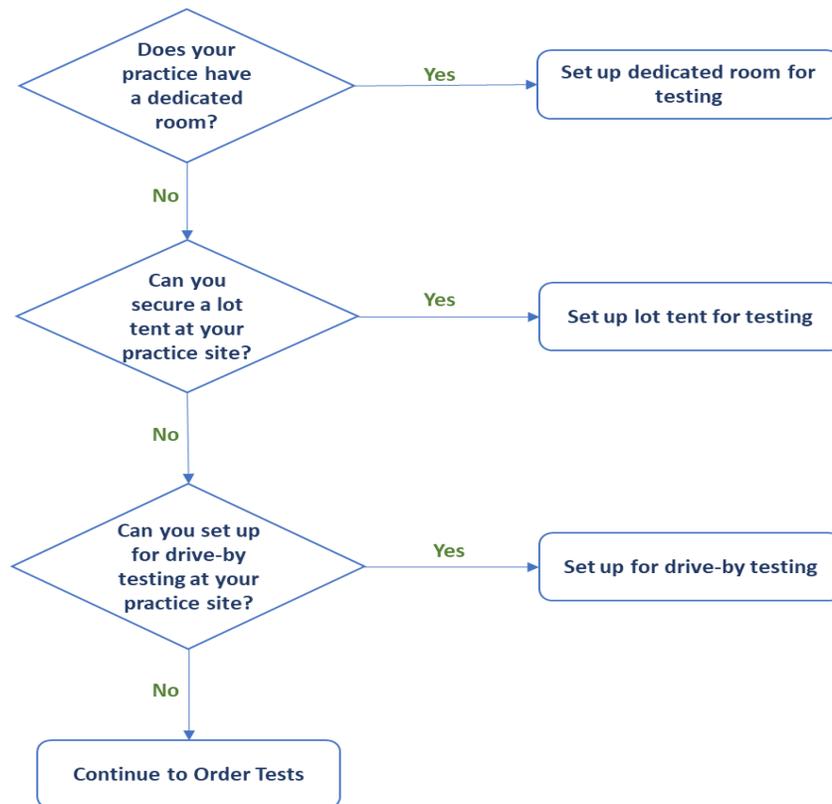
Maryland Medicaid
Learn more: Maryland Medicaid Reimbursable Codes for COVID-19

Appendix VIII: Quick Guide: Setting Up Office-Based Testing

MDPCP practices can take some key steps to set up testing safely and effectively at their practice site.

A. Identify your testing location

Your testing location should be well-ventilated, separated areas attended by the minimal number of staff required to effectively and efficiently undertake testing.



To learn more, see [Section B-I in the Guide \(COVID-19 Testing Guidelines\)](#).

B. Select COVID-19 specimen collection option(s)

First determine testing supplies that you can secure to make a determination of specimen collection options. Options include:

- Nasopharyngeal (NP)
- Nasopharyngeal (OP)
- Nasal mid-turbinate swab
- Nasal swab (anterior nares)
- Nasopharyngeal wash/aspirate

To learn more, see [Section B-II in the Guide \(COVID-19 Testing Guidelines\)](#).

C. Safe Testing and Sample Handling

Healthcare professionals in the room with patients being tested for COVID-19 should wear the following PPE, as dictated by the CDC. PPE include:

- Respirator or facemask – N95 or higher-level respirator
- Eye protection – face shield or goggles
- Gloves
- Gowns

You can use your preferred PPE supplier, but if need to review more resources, see links below:

- [National and International PPE Suppliers](#)
- [PPE request form and MDH local contacts](#)

To learn more, see [Section B-III in the Guide \(COVID-19 Testing Guidelines\)](#).

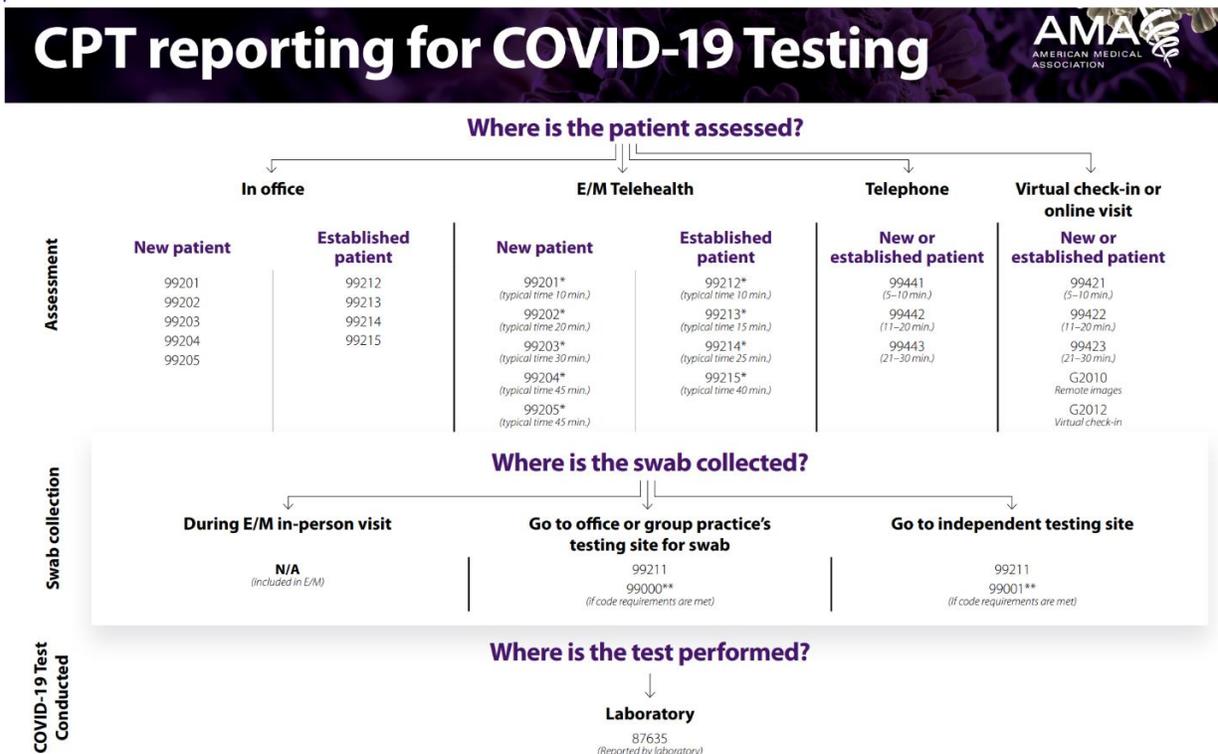
D. Choosing a Lab

Healthcare practices are encouraged to use the fastest possible route to test and receive results. You can use the CRISP report called **“Percent of Tests Reporting Results in Under Two Days by Laboratory - COVID-19”** to identify labs that conduct more timely testing.

To learn more, see [Section B-IV in the Guide \(COVID-19 Testing Guidelines\)](#).

E. Reimbursement for Specimen collection

The American Medical Association provides general guidance on CPT codes for billing COVID-19 assessment & testing. Make sure to bill under the correct CPT code.



Note that providers will not get additional reimbursement if swab collection is done during E/M in-person visit. You can also be reimbursed for uninsured patients.

To learn more, see [Section C in the Guide \(COVID-19 Testing Guidelines\)](#).