

Client Communication

Covid Antibody Test Update:

Effective August 8, 2022

Pathology Laboratories, Inc. (PathLabs) is in the process of making updates to the Covid Antibody Testing that we offer. Beginning Monday, August 8th, an additional Antibody test will be offered, SARS CORONAVIRUS 2 IGG ANTIBODY. For your convenience, all Covid Antibody Tests offered are disclosed in the chart provided herein. This publication supersedes our Covid Antibody Test Update effective June 27, 2022.

The test updates include changes for tests in the following areas:

- Specimen and Tube Types
- Inactivated Codes

The enclosed listing contains specific information as to the modifications. All changes are marked as **bright blue**.

Our SARS-CoV-2 (COVID-19) Requisition has been modified to reflect these changes and is shown on page 4 of this publication.

Our online test directory has been updated to reflect this information.

This Client Communication will be posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Client Service Department at 419-255-4601/800-281-8804 or your account executive. Thank you.

Covid Antibody Tests Offered

Orderable Codes

Order Code	Reporting Title			
39434	SARS-COV-2 ANTIBODIES (ROCHE)			
	RESULT	CODE	LOINC	CPT
	394341	SARS-COV-2 ABS INTERP	94762-2	86769
	394342	SARS-COV-2 ABS INDEX	94769-7	
	394001	FIRST TEST	95417-2	
	394002	HEALTHCARE EMPLOYEE	95418-0	
	394003	SYMPTOMATIC	95419-8	
	394004	SYMPTOM ONSET DATE	11368-8	
	394005	HOSPITALIZED	77974-4	
	394006	ICU	95420-6	
	394007	CONGREGATE RESIDENT	95421-4	
	394008	PREGNANT	82810-3	
ACCEPTED SPECIMEN AND TUBE TYPES				
Serum from SST Serum Separator Tubes				
39444	SARS-COV-2 S TOTAL AB			
	RESULT	CODE	LOINC	CPT
	394441	SARS-COV-2 S TOTAL AB INT	94762-2	86769
	394442	SARS-COV-2 S TOTAL AB	94769-7	
	394001	FIRST TEST	95417-2	
	394002	HEALTHCARE EMPLOYEE	95418-0	
	394003	SYMPTOMATIC	95419-8	
	394004	SYMPTOM ONSET DATE	11368-8	
	394005	HOSPITALIZED	77974-4	
	394006	ICU	95420-6	
	394007	CONGREGATE RESIDENT	95421-4	
	394008	PREGNANT	82810-3	

Client Communication

Order Code	Reporting Title		
ACCEPTED SPECIMEN AND TUBE TYPES			
Serum from SST Serum Separator Tubes or Red Top Tubes.			
No longer accepted: Plasma from Lavender, Green, or Blue Top Tubes.			
39447	SARS-CORONAVIRUS 2 IGG ANTIBODY		
RESULT	CODE	LOINC	CPT
394471	SARS-COV-2 S TOTAL AB INTERP	N/A	86769
394472	SARS-COV-2 S TOTAL AB	94505-5	
394001	FIRST TEST	95417-2	
394002	HEALTHCARE EMPLOYEE	95418-0	
394003	SYMPTOMATIC	95419-8	
394004	SYMPTOM ONSET DATE	11368-8	
394005	HOSPITALIZED	77974-4	
394006	ICU	95420-6	
394007	CONGREGATE RESIDENT	95421-4	
394008	PREGNANT	82810-3	
ACCEPTED SPECIMEN AND TUBE TYPES			
Serum from SST Serum Separator Tubes or Red Top Tubes. Plasma from Lavender EDTA or Green Heparin.			

Inactivated Order Codes

Order Code	Reporting Title	Replacement Order Code
39432	SARS-COV-2 IGG (EUROIMMUN)	39444, 39447
39433	SARS-COV-2 IGG (ABBOTT)	39444, 39447

NOTE: CPT codes are provided for information only and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physicians current procedural terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.

SARS-CoV-2 (COVID-19) Requisition

All information below is **required** by the U.S. Health and Human Services (HHS) Department and Centers for Disease Control (CDC).

COVID-19 FORM 01



**PATHOLOGY
LABORATORIES**

A Sonic Healthcare Clinical Laboratory

PATIENT INFORMATION

Patient Name _____ Gender _____
Last Name _____ First Name _____ M.I. _____ Female Male
Patient Address _____
City/State _____ Zip Code _____
Date of Birth _____ Patient I.D. (optional) _____ Patient Phone # _____

PATIENT RACE (REQUIRED BY HHS AND CDC)

- American Indian or Alaskan Native (AI) Native Hawaiian or Other Pacific Islander (PI)
 Asian (AS) White (W)
 Black or African American (B) Multiple/Other (O)

PATIENT ETHNICITY (REQUIRED BY HHS AND CDC)

- Hispanic/Latino (H) Non-Hispanic/Latino (N) Unspecified/Not Given/Refused (U)

COVID-19 CLINICAL HISTORY (REQUIRED BY HHS AND CDC)

- First Test? YES NO UNKNOWN
Employed in Healthcare? YES NO UNKNOWN
Symptomatic as defined by CDC? YES NO UNKNOWN
If YES, then date of symptom onset (mm/dd/yy): / /
Hospitalized for COVID-19? YES NO UNKNOWN
ICU for COVID-19? YES NO UNKNOWN
Resident in congregate care setting? YES NO UNKNOWN
Pregnant? YES NO UNKNOWN

BILLING AND INSURANCE

- Client Bill Insurance Bill (attach copy of card) Patient Bill

- ICD-10 Signs & Symptoms _____ Please code ICD-10 at highest level specifically as documented in patient chart:
_____ Z20.822 Contact with and (suspected) exposure to COVID-19 M35.81 Multisystem Inflammatory Syndrome (MIS)
_____ Z86.16 Personal History of COVID-19 M35.89 Other specified systemic involvement of connective tissue
_____ Z20.828 Contact with and (suspected) exposure to other viral communicable diseases J12.82 Pneumonia due to COVID-19
_____ Z11.52 Encounter for screening for COVID-19 (asymptomatic)*
_____ Z11.59 Encounter for screening for other viral diseases (asymptomatic)*

*Test ordered for screening purposes may not be covered by some health plans.

INSURANCE INFORMATION (IF APPLICABLE)

Primary Insurance Name _____ Name of Policy Holder _____ Member ID _____ Group # _____

TESTING OPTIONS (PCR)

- 39429 SARS-CoV-2 by RT-PCR (PCR, TMA)
 39439 COVID-19 / INFLUENZA A/B, NAAT

Source for Test Code 39429 and 39439:

- Anterior Nares (AN) Nasal Turbinate (NT) Nasopharyngeal (NP)

Source for Test Code 39429 only:

- Saliva (Saliva Direct™ Compatible Collection Kit)

HOW TO PROPERLY FILL OUT THIS FORM

CORRECT WAY:

- Fill circle all the way
- No marks outside of the lines
- Use a black-ink pen

UNACCEPTABLE WAYS:



ACCOUNT INFORMATION

Account #:

Client Name:

Client Address:

Ordering Provider Signature

Ordering Provider Phone #

COLLECTION DETAILS

Date Collected _____ Time Collected _____

TESTING OPTIONS (Antibody)

- 39434 SARS-COV-2 ANTIBODIES (ROCHE)
 39444 SARS-COV-2 S TOTAL ANTIBODY (SPIKE S ANTIBODY) (ROCHE)
 39447 SARS CORONAVIRUS 2 IGG ANTIBODY

ACCESSION LABEL

Revision Date: 08/22

