Important Information:
2019 Novel Coronavirus (2019-nCoV)

2019 Novel Coronavirus (2019-nCoV)

To: Healthcare Professionals

A new virus was recently identified in Wuhan City, China. This novel coronavirus causes respiratory infections that can be severe in some patients. Numerous cases have been identified in China to date, and cases have also spread to other countries. The first U.S. case was identified on 1/20/2020 and since that time several cases have emerged. Because of the ongoing risk of new cases emerging in other parts of the country, MemorialCare is taking a system-wide approach to prevent the spread of the virus and protect all our patients.

Screening travel history is our MOST important tool:

- Travel from CDC-identified areas in the last 14 days or contact with an ill person from those areas in the last 14 days.

Symptoms: (similar to influenza and lower respiratory illnesses)

- Fever >100.4 F
- Cough
- Shortness of breath

Isolation & testing recommendations:

- Standard, Contact, and Airborne Precautions, including the use of eye protection
- At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. Contact the Public Health Department to coordinate.

Immediately isolate patients with positive travel history and symptoms.

- Immediately place surgical mask on patient and remove from public areas.
- Isolate patient in an exam room.

Notify the Public Health Department

- **Los Angeles County Department of Public Health**
  - 888-397-3993 (Weekdays 8:00a-4:30p)
  - 213-974-1234 (After-hours)
- **Long Beach Health Department**
  - 562-570-4302 (Weekdays 8:00a-5:00p)
  - 562-500-5537 (After-hours)
- **Orange County Health Care Agency**
  - 714-834-8180 (Weekdays 8:00a-5:00p)
  - 714-628-7008 (After-hours)
- Public Health will advise on the next steps including specimen collection.

Do NOT discharge patient without prior approval from the Public Health Department.

REFERENCES

https://www.who.int/health-topics/coronavirus

http://www.cidrap.umn.edu/news-perspective/2020/01/wuhan-ncov-outbreak-quadruples-spreads-within-china

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.cdc.gov/coronavirus/2019-ncov/faq.html

https://www.cdc.gov/coronavirus/2019-ncov/clinical-criteria.html

Issued: 1/29/2020

MemorialCare™

ATTENTION ALL PATIENTS
ATENCIÓN A TODOS LOS PACIENTES
注意 全部病人

If you have one or more of the following symptoms:

Coughing

Trouble breathing

Fever

Si tiene uno o más de los siguientes síntomas:

Tos

Dificultad para respirar

Fiebre

如果您有下列所述一个或多个症状:

咳嗽

呼吸困难

发烧

PLEASE TELL HEALTHCARE STAFF IMMEDIATELY!

¡POR FAVOR, DÍGALE AL PERSONAL DE SALUD INMEDIATAMENTE!

请立刻告诉医务人员!

MemorialCare™

Information from Anthem for Care Providers About COVID-19

Published: Mar 11, 2020 **- Administrative**

Anthem is closely monitoring COVID-19 developments and what it means for our customers and our healthcare provider partners. Our clinical team is actively monitoring external queries and reports from the Centers for Disease Control and Prevention (CDC) to help us determine what action is necessary on our part.

To help address care providers' questions, Anthem has developed the following frequently asked questions:

What is Anthem doing to prepare?
Our clinical team is actively monitoring external queries and reports from the CDC to help us determine what actions are necessary on our part to further support our stakeholders.

Anthem has a business continuity plan for serious communicable disease outbreaks, inclusive of pandemics, and will be ready to deploy the plan if necessary.

How is Anthem monitoring COVID-19?
Anthem's enterprise wide business continuity program includes recovery strategies for critical processes and supporting resources, automated 24/7 situational awareness monitoring for our footprint and critical support points, and Anthem's Virtual Command Center for Emergency Management command, control and communication.

In addition, Anthem has established a team of experts to monitor, assess and help facilitate timely mitigation and response where it has influence as appropriate for the evolving novel coronavirus threat.

Does Anthem have recommendations for reporting, testing and specimen collection?
The CDC updates these recommendations frequently as the situation and testing capabilities evolve. See the latest information from the CDC:
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

What diagnosis codes would be appropriate to consider for a patient with known or suspected COVID-19?

The CDC has provided coding guidelines related to COVID-19: https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Will Anthem cover COVID-19 screening and testing?
As of March 5, 2020, Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company ("Anthem") will cover all medically necessary screening and testing for COVID-19. Anthem is waiving member cost shares and any prior approval for these services for all fully-insured, Individual, MediCal and Medicare plans.

What cost-sharing is being waived?
Cost-sharing including, but not limited to, co-pays, deductibles, and coinsurance is being waived for all medically necessary screening and testing for COVID-19, including hospital (including emergency department), urgent care visits, and provider office visits where the purpose of the visit is to be screened and/or tested for COVID-19.

Does Anthem require a prior authorization on the focused test used to diagnose COVID-19?
No, prior authorization is not required for diagnostic services related to COVID-19 testing.

In case of mass epidemic, how can you ensure that your contracted providers can still provide services?
Anthem is committed to working with and supporting its contracted providers. Our benefits already state that if members do not have appropriate access to network doctors that we will authorize coverage for out-of-network doctors as medically necessary.

In addition, Anthem's telehealth provider, LiveHealth Online, is another safe and effective way for members to see a doctor to receive health guidance related to COVID-19 from their home via mobile device or a computer with a webcam.

Are you aware of any limitations in coverage for treatment of an illness/virus/disease that is part of an epidemic?
Our standard health plan contracts do not have exclusions or limitations on coverage for services for the treatment of illnesses that result from an epidemic.

URL: https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5

LiveHealth ONLINE

Anthem BlueCross

LiveHealth Online

Doctors 24/7 at no cost to you — sign up today!

Using LiveHealth Online, Anthem Blue Cross Medi-Cal members can visit with a doctor, therapist, psychologist or psychiatrist through live video from a smartphone, tablet or computer.

When you can't see your own doctor, use LiveHealth Online for non-emergency conditions like the flu, fevers, diabetes and pinkeye. Doctors can even send prescriptions directly to your pharmacy if needed.*

Sign up in minutes. Just follow these easy steps:

1. **Download** the free **LiveHealth Online** mobile app or go to **livehealthonline.com**.

2. **Choose Sign Up** to create your LiveHealth Online Account.*

   *You must be 18 or older to have your own account. A parent or guardian can add a child dependent to their account during the registration process or once they've logged in.

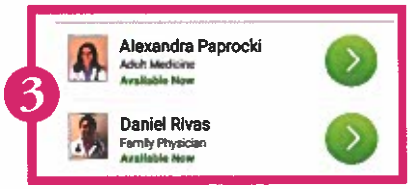
3. **Enter** your profile information.
   Here are some tips to help you fill this part out:
   - **Current location:** Choose California.
   - **Password:** Don't forget the password you create. You won't be asked to confirm your password.
   - **Service key:** Leave blank.
   - **Health plan:** Select Anthem Blue Cross Medi-Cal.
   - **Insurance ID:** Enter the ID from your Anthem Blue Cross member ID card.

4. Tap **Continue** and you're in!

Help for Wildfires
Medical

ACA-MEM-0990-18

Visiting with a doctor using LiveHealth Online is easy! Here's how:



Tap the **list icon** in the upper right corner to see a list of pharmacies near you.

Or you can search for one using the **map view.**

1. **Log in to** LiveHealth Online using your username (email) and password.
2. **Choose** LiveHealth Online Medical
3. **Pick** a doctor who's right for you!
4. **Select** who the visit is for — example: your child. You can also invite a guest to your visit.
5. **Share** the reason for your visit.
6. **Answer** a few questions about your medical history — this information is kept private and only shared with the doctor you see through LiveHealth Online.
7. **Find** a pharmacy near you that works with our plan in case a prescription* is needed.

   Make sure the pharmacy you pick is in our plan. If you're not sure, call the Customer Care Center number on your member ID card or use the Provider Search tool at **www.anthem.com/ca/medi-cal**.

   Enter your location (your city or ZIP code) and tap **Find Pharmacy.**
8. **Review** your insurance (health plan) information and make sure it's right.
9. **Tap** the **Continue** button to be placed into a virtual waiting room until your visit begins.

Need help using LiveHealth Online?

Call 1-888-LiveHealth (TTY 711).

Don't wait until your next sick day.

Sign up today!

*Prescription availability is defined by physician judgment.

cpt® Assistant

Official source for CPT coding guidance

SPECIAL EDITION

AMA Fact Sheet: Reporting Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2) Laboratory Testing

Due to the emergent nature of the public health concern surrounding novel coronavirus testing, the American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel convened a special meeting and approved a new, specific CPT code to describe laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Note: Per the World Health Organization, the official name of the virus is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), while the name of the disease it causes is coronavirus disease (COVID-19).

The AMA expedited the publication of this new CPT code to the AMA website on Friday, March 13, 2020, at https://www.ama-assn.org/practice-management/cpt/cpt-releases-new-coronavirus-covid-19-code-description-testing. This code is ***effective immediately*** for use in reporting this testing service. Note that code 87635 is not in the CPT 2020 publication; however, it will be included in the CPT 2021 code set in the Microbiology subsection of the Pathology and Laboratory section.

Microbiology

87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Use of code 87635 will help to efficiently report and track testing services related to SARS-CoV-2 and will streamline the reporting and reimbursement for this test in the United States. For Medicare claims, the Centers for Medicare & Medicaid Services (CMS) has established two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing. HCPCS code U0001 is used specifically for CDC testing laboratories to test patients for SARS-CoV-2 and to track new cases of the virus. HCPCS code U0002 is intended for laboratories to report non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19). Therefore, to meet the needs of the CDC safety-monitoring programs and to track the

continued on next page

AMA AMERICAN MEDICAL ASSOCIATION

specific testing performed, it is important that the appropriate code is listed on claim forms. For more information on CMS' response to COVID-19, visit https://www.cms.gov/newsroom.

Clinical Example (87635)

A 47-year-old male presents to the emergency department with fever, cough, and shortness of breath. The physician or other qualified health care professional (QHP) suspects the patient may have coronavirus (COVID-19). Respiratory swabs are collected and sent to the laboratory.

Description of Procedure (87635)

Place specimens (eg, nasopharyngeal or oropharyngeal swab, sputum, lower respiratory tract aspirate, bronchoalveolar lavage, and nasopharyngeal wash or aspirate or nasal aspirate) into specimen-transport containers. Use oligonucleotide primers and probes for detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (formally known as 2019-nCoV), and any pan-coronavirus types or subtypes if included, to identify viral gene target(s). Isolate and purify ribonucleic acid (RNA) from the specimens, followed by molecular amplification and analysis. Send the test result (positive, negative, inconclusive) to the patient's physician or other QHP and report or refer to the appropriate public health officials, as indicated.

The following are a few common questions and answers regarding the SARS-CoV-2 (COVID-19) test in relation to the use of the new CPT code 87635.

Question: *When is this code available for reporting? Can this CPT code be used to bill for testing that occurred in February?*

Answer: Code 87635 is available effective immediately in the CPT code set and available for reporting beginning March 13, 2020. Contact your third-party payer to determine their guidelines regarding applicability for retroactive billing and reimbursement.

Question: *Should CPT code 87635, a HCPCS Level II code, or both be reported if the test for COVID-19 is performed?*

Answer: The appropriate code to be reported is dependent upon the payer to which the claim is being submitted. If the claim is submitted to a payer that requires CPT codes, then code 87635 should be reported. Conversely, if the payer requires use of the HCPCS Level II code, the HCPCS Level II code should be reported. CPT and HCPCS codes should not both be reported on the same claim.

Contact your local third-party payer directly to determine their specific reporting guidelines. Further guidance from CMS on the reporting of HCPCS Level II codes can be found at https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf.

Question: *Is reporting of the SARS-CoV-2 (COVID-19) testing handled differently if other services are performed on the same date?*

Answer: No, other provided services should be reported as appropriate according to CPT guidelines. Note that the new code describes a laboratory testing procedure, and therefore, guidelines regarding the appropriate reporting of laboratory tests do apply for this code.

Question: *Codes already exist in the Pathology and Laboratory section of the CPT code set for coronavirus. What is the difference between the new code 87635 and the other CPT codes that state coronavirus in their descriptor (ie, 87631, 87632, 87633, 0098U, 0099U, 0100U)?*

Answer: *Existing codes 87631, 87632, and 87633 are used for nucleic acid assays that detect multiple respiratory viruses in a multiplex reaction (ie, single procedure with multiple results). Similarly, proprietary laboratory analyses (PLA) codes 0098U, 0099U, and 0100U are used to identify multiple types or subtypes of respiratory pathogens. In contrast, code 87635 is for the detection of SARS-CoV-2 (COVID-19) and any pan-coronavirus types or subtypes, and it can be reported with tests from multiple manufacturers using the stated technique.*

Question: *Is code 87635 required to be reported in conjunction with any of the other CPT test codes that mention coronavirus, namely code 87631, 87632, 87633, 0098U, 0099U, or 0100U? Would they ever be used together?*

Answer: Code 87635 does not require reporting of an additional CPT code for this service. There are no known restrictions on the reporting of code 87635, if performed as a separate assay, with code 87631, 87632, 87633, 0098U, 0099U, or 0100U. Codes selected should accurately describe the ser-vice provided.

Question: *In the "Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)" published on March 9, 2020, the CDC recommends collecting both naso-pharyngeal and oropharyngeal swabs from the upper respiratory system for initial diagnostic testing. If a laboratory is requested to test multiple separate specimens for the same virus, on the same patient, on the same day, how should this be reported?*

Answer: Report code 87635, *Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique,* **and** a second unit of code 87635, appended with modifier 59, *Distinct Procedural Service.* Per CPT reporting guidelines for microbiology codes, when separate assays are performed on multiple specimens, modifier 59 should be used to indicate that the results represent the separate services performed.

Stay informed and updated with the AMA on the coronavirus COVID-19 by visiting the AMA website at https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians.

Guidance for Clinicians

Coronavirus Disease 2019 (COVID-19) Clinician Check List: Evaluating Patients Who May Have COVID-19

The purpose of this checklist is to provide guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and facilitating appropriate testing, if indicated.

Medical providers needing assistance with diagnosis and infection control can call:
LAC DPH Acute Communicable Disease Control (ACDC)
213-240-7941 (8:00am – 5:00pm Monday to Friday)
213-974-1234 (After Hours Emergency Operator)

☐ Step 1. Identify patients who may have a febrile respiratory illness.

- ☐ 1a. Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff (COVID-19 travel alert poster in 9 languages on ACDC COVID-19 website).
- ☐ 1b. Screen patients at triage for signs or symptoms of febrile respiratory illness and if present, the patient should wear a surgical mask and be placed in a private room with the door closed or separated from others by at least 6 feet.
- ☐ 1c. Ensure all healthcare workers interacting with the patient don a surgical mask.

☐ Step 2. Implement infection control precautions for patient interview and exam.

- ☐ 2a. Patient should be in a private room with the door closed and should wear the surgical mask through all healthcare worker encounters.
- ☐ 2b. Healthcare workers should wear a surgical mask, gloves, and eye protection. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.

☐ Step 3. Determine if the patient has signs and symptoms compatible with COVID-19 plus epidemiologic risk.

- ☐ 3.a. Determine if the patient meets the LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria (see page 2 for PHL testing criteria)

→ IF patient meets criteria for COVID-19 Testing at PHL, then call LAC DPH and an on-call physician will advise on the next steps.

- Call 213-240-7941 from 8:00am-5:00pm Monday to Friday and 213-974-1234 (After Hours Emergency Operator)
- Please be prepared to provide a call back number and to wait for a call-back.
- **DO NOT** collect or send specimens to PHL until the case is discussed and testing is approved by DPH (if approved, refer to PHL specimen collection/transport instructions on final page).

Only contact LAC DPH if the patient meets the PHL COVID-19 testing criteria.

LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria		
Clinical Features	**&**	**Epidemiologic Risk**
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person (including healthcare workers) who in the last 14 days before symptom onset has had close contact with a suspect of laboratory-confirmed COVID-19 patient
Fever **and** signs/symptoms of a community-acquired lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever **and** signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath)	**AND**	Any healthcare worker without an alternative diagnosis (e.g., negative molecular respiratory panel)
Fever **and** signs/symptoms of a community-acquired lower respiratory illness (e.g. cough or shortness of breath) **requiring hospitalization**	**AND**	A history of travel from affected geographic areas* in the last 14 days before symptom onset -or- Radiographic findings compatible with a viral pneumonia and no alternative diagnosis
Part of a cluster of 2 or more cases of an acute respiratory illness within a 72-hour period	**AND**	Congregate living setting with a large proportion of older adults and persons with comorbid medical conditions (e.g. skilled-nursing facility, senior assisted-living facility, homeless shelters)

Affected Geographic Areas* with Widespread or Sustained Community Transmission: China, Iran, Italy, Japan, and South Korea. *Last updated March 11, 2020.*

*Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices.

The LAC DPH PHL COVID-19 testing criteria are intended to prioritize SARS-CoV2 testing for patients needing a timely public health response.

☐ 3b. Determine if the patient has clinical features and epidemiologic risk but does not meet the PHL criteria. If so, consider commercial clinical laboratory COVID-19 testing if available.

Suggested Criteria for Commercial Clinical Laboratory COVID-19 Testing, if Available		
Clinical Features	**&**	**Epidemiologic Risk**
Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization	**AND**	A history of travel from an affected geographic area within 14 days of symptom onset **-or-** Other exposure risk as indicated by the patient's history and clinical judgement (and who do not have an alternative diagnosis (e.g., negative rapid influenza test).

→ Follow the specimen collection and pick-up instructions as per your facility's designated commercial clinical laboratory. Work directly with the clinical laboratory for all questions regarding specimen collection and transport. There is no need to contact DPH unless the test result is positive.

☐ 3c. If patient has a mild respiratory illness with no epidemiologic risk such as identifiable exposure (e.g., travel) or risk factor (e.g., healthcare worker) testing is not currently recommended. Provide patient with routine home care instructions for mild viral upper respiratory tract infections.

☐ **Step 4. If specimens are being collected, health care workers must don the appropriate PPE for the mode of COVID-19 specimen collection:**

- **Nasopharyngeal and oropharyngeal sampling**: these procedures should be conducted wearing gloves, eye protection, and a surgical mask. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.
- **High risk aerosol generating procedures such as sputum induction or bronchoscopy require a higher level of PPE**: these procedures require gowning, gloving, N95 respirator and eye protection.

☐ **Step 5. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia asclinically indicated.**

- All patients with suspected COVID-19 should also be assessed for common causes of respiratory infection and pneumonia as clinically indicated.

☐ **Step 6. Patient Disposition**

- **Hospitalized**: Do not discharge hospitalized patient without prior approval from LAC DPH. Continue patient isolation and infection control procedures. Note: Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols.
- **Non-hospitalized patients being tested for COVID-19**: Instruct patient to self-isolate. Patients should follow strict home isolation instructions until their test result is negative or until they are told by LAC DPH or their health care provider that they are no longer infectious. Patient should be advised to not use public transportation or taxis.
- **Non-hospitalized patients who are not being tested for COVID-19**. Provide patient with routine home care instructions for mild viral upper respiratory tract infections.

Public Health Lab Specimen Collection and Transport

DO NOT collect or send specimens to the Public Health Lab (PHL) until instructed to by DPH.

Collect one upper respiratory specimen from the patient and one lower respiratory specimen (for patients with productive cough) as soon as possible regardless of symptom onset.
Note: outpatient settings should only collect an NP/OP swab.

Upper Respiratory

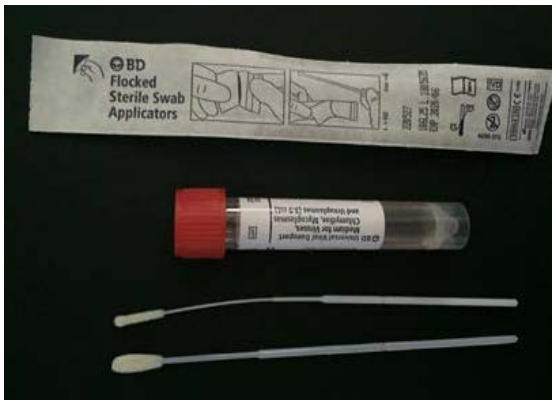
- **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
- **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

Lower Respiratory (for patients with productive cough)

- **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mL in a sterile, leak- proof, screw-cap sputum collection cup or sterile dry container.
- **Sputum:** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

NOTE:

- It is imperative that NP and OP swabs are placed in viral transport media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right). Each swab must be placed into a separate vial
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



TRANSPORT INFORMATION

- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a PHL H-3021 Test Requisition form for *each specimen*. Please use the prefilled LAC DPH test request forms for COVID-19 testing available on the DPH COVID-19 website. Note there are two different forms:
  - Form to be used for NP swabs that request testing for SARS-CoV-2 (formerly known as novel coronavirus-2019) and Biofire panel
  - Form to be used for all other specimens that request testing for SARS-CoV-2, including NP swab when Biofire panel is not requested
- Test request forms **MUST** include full patient name, date of birth, hospital medical record number, sex, date/time collected, specimen source, and the hospital where the specimen was collected.
- Upon approval by LAC DPH, the PHL will contact your laboratory to discuss specimen transfer. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing.

PHL Turn Around Time: PHL aims to return results in ~2 business days after specimen are received; however, the turnaround time can be longer based on volume and capacity.