

## 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			
<b>39434</b>	<b>SARS-COV-2 ANTIBODIES (ROCHE)</b>			
	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	
<b>ACCEPTED SPECIMEN AND TUBE TYPES</b>				
<b>Serum from SST Serum Separator Tubes</b>				
<b>39444</b>	<b>SARS-COV-2 S TOTAL AB</b>			
	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		
<b>ACCEPTED SPECIMEN AND TUBE TYPES</b>			
Serum from SST Serum Separator Tubes or Red Top Tubes.			
No longer accepted: Plasma from Lavender, Green, or Blue Top Tubes.			
<b>39447</b>	<b>SARS-CORONAVIRUS 2 IGG ANTIBODY</b>		
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	
<b>ACCEPTED SPECIMEN AND TUBE TYPES</b>			
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, <b>39447</b>
39433	SARS-COV-2 IGG (ABBOTT)	39444, <b>39447</b>

**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 # \_\_\_\_\_

## 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:



## 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

## ACCOUNT INFORMATION

Account #:

Client Name:

Client Address:

Ordering Provider Signature

Ordering Provider Phone #

## COLLECTION DETAILS

Date Collected

Time Collected

## 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)

## 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

