

IMPORTANT UPDATE: Testing Delays - SARS-CoV-2 RNA (COVID-19), Qualitative NAAT

The stated turnaround time for test 907080 – SARS-CoV-2 RNA (COVID-19), Qualitative NAAT is 2-4 days, which can vary based on testing demand. Due to the significant increase in testing demand over the last several weeks, our average turnaround time is currently at 10-11 days, and is expected to begin shortening throughout the remainder of this week. 75% of testing is reported within 7 days, with the remaining testing reported up to 11 days. Below are the highlights of the actions being taken to reduce the current backlog and put appropriate processes in place to meet and exceed the growing demand:

- On July 9, we announced a partnership with Governor Doug Ducey, Arizona Department of Health Services (ADHS) and [PerkinElmer, Inc.](#) to significantly expand our current diagnostic testing capacity. Once the expansion is complete, it should allow us to process up to 60,000 diagnostic samples per day and reduce result turnaround time to as little as 24 hours.
- By the beginning of the week of July 20, we expect to add capacity to run an additional 6,000 COVID-19 PCR tests/day. We will increase capacity by another 6,000 tests/day the following week, and each week thereafter until we hit approximately 60,000 tests/day.
- We are utilizing Quest Diagnostics for additional testing capacity.
- We are utilizing the Hologic Panther platform, using the Aptima Multi-Test swabs for Nasal or Oropharyngeal sources.
- We have continued to hire additional staffing that are dedicated to this testing only.

Testing for Coronavirus COVID-19 SARS-CoV-2 Antibody IgG (test code 907097) continues to be reported within the stated turnaround time of 1-4 days.

Please visit [SonoraQuest.com/coronavirus](https://www.SonoraQuest.com/coronavirus) for additional information.

IMPORTANT BILLING UPDATE:

When submitting a COVID-19 laboratory order to Sonora Quest Laboratories or responding to requests for missing/invalid ICD-10 codes:

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, please provide ICD-10 codes that correlate with signs/symptoms that are documented in the patient's medical chart. U07.1 is only applicable if COVID-19 is confirmed positive at the time the testing is being ordered and documented in the patient's medical record (effective for dates of service on or after 04/01/20). Code only confirmed cases. Presumptive positive COVID-19 test should be coded as confirmed.

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19 should be sequenced first, followed by the appropriate codes for associated manifestations.

Please refer to the CDC recommendations below for further coding guidance. All applicable ICD-10 coding provided must be documented in the patient's medical chart.

Full CDC coding guidance can be found at: <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

f) Signs and symptoms without definitive diagnosis of COVID-19

For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but 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

Recently added symptoms:

- R68.83 Chills (without fever)
- M79.10 Myalgia, unspecified site
- R51 Headache
- J02.9 Acute pharyngitis, unspecified
- Loss of taste or smell- R43.9, if both R43.8

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure.

d) 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, assign 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 or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. If the exposed individual tests positive for the COVID-19 virus, see guideline a).

e) Screening for COVID-19

For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign code Z11.59, Encounter for screening for other viral diseases. For individuals who are being screened due to a possible or actual exposure to COVID-19, see guideline d).

g) Asymptomatic individuals who test positive for COVID-19

For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.