



## HMS GUIDANCE FOR COUNTY HEALTH DEPARTMENTS FOR ORDERING ZIKA TESTING FOR PREGNANT WOMEN

The department has been directed to provide Zika testing to pregnant women at all county health departments (CHD) at no cost. Below are immediate instructions for Zika ordering at your CHD as of August 5, 2016. Guidance will be updated as new information is learned.

Contact **DL HMS Support** if you have any questions regarding these instructions.

- All Zika tests are to be ordered via Emdeon/Change Healthcare from the Bureau of Laboratories (BOL) at this time. The tests are now available and orderable in the Emdeon test compendium for BOL – Jacksonville and BOL – Tampa exclusively. Please be sure to include your printed paper requisition along with the specimen when sending to the lab.
- The orderable test codes in question are **1537 (Arbo ZIKA RT-PCR)** and **1539 (Arbo ZIKA IgM ELISA)**. Both tests should be ordered simultaneously and together as part of a single order each time an order is placed, but should not be combined with any other tests (i.e., Amplified GC/CT, RPR, etc.).

TESTS	
1539 <input checked="" type="checkbox"/> Arbo ZIKA IgM ELISA	1537 <input checked="" type="checkbox"/> Arbo ZIKA RT-PCR

- **Lab Tests and Service Descriptions for these tests need to be set up in your local HMS tables immediately so that services can be created and results can go into the patient's EHR.** When setting up Service Descriptions, use CPT code **87798 (Arbo ZIKA RT-PCR)** and **86790 (Arbo ZIKA IgM ELISA)**.
- All Zika tests should be ordered under Program Component 37 exclusively.
- The Department will be billed directly for these tests. For this reason, the Bill Type in Emdeon should always be set to **Client** and no patient insurance information should be included within the order. Example of correct Bill Type: 
- The appropriate ICD-10 diagnosis codes to use are **Z11.59** (encounter for screening for other viral diseases) and/or **Z33.1** (pregnant state, incidental).
- Regarding specimen collection, collect both:
  1. *PCR Test* - Urine specimen (1-3ml) paraffin to seal urine cup, (ship upright if possible and on cold packs).

**AND**

  2. *IgM Test* - Serum specimen in tiger or red top tube 1-2ml (spin before sending), ship on cold packs after separating.
- **The questions below are ALL to be answered via the Emdeon AOE Question screen** (where the program component specimen source/type information is answered for state lab tests). This information is both for the lab and for the Epidemiology office for the purposes of tracking/reporting, so **it is extremely important that these questions be answered when appropriate and in the exact format given below.**

- ❖ Pregnancy Status (Yes/No)
- ❖ Travel History
  - List the name of countries and US Territories visited (including US Virgin Islands and Puerto Rico). If travel was to Miami area of interest, indicate Miami and the dates of visit to the area. The format should be “Countries =” followed by the name(s) of the countries (or US Territories).
  - Indicate if return to Florida was:
    - ◆ In past 2 weeks-6 months
    - ◆ In past 2 weeks or less

The format should be “Returned to Florida=” followed by the relevant values.

An example for travel history would be:

1537	Travel History	
Arbo	(Hint: Select	
ZIKA	Travel	Countries = Mexico (5/6/2016-6/4/2016), Puerto Rico (6/5/2016-6/8/2016); returned to Florida = 6/8/2016
RT-PCR	History)	

- ❖ Symptoms - Limit only to the following experienced within the last 14 days and enter all as appropriate. The format should be “Symptoms =” followed by the relevant values below:
  - Fever
  - Rash
  - Joint pain/arthralgia
  - Reddened eyes/conjunctivitis
  - Other
  - None
  - Unknown

In addition to the actual symptoms, the number of weeks the patient is pregnant at the time of testing, as well as the estimated delivery date must also be placed within the symptoms field. That format should be as follows: “Number of weeks pregnant = X” and “Estimated Date of Delivery = “MM/DD/YYYY”.

If symptoms and pregnancy information are all known, an example would be:

1537	Symptoms	
Arbo	(Hint: Select	
ZIKA	Symptoms)	Symptoms = Fever, rash, conjunctivitis; Number of weeks pregnant = 22; Estimated Date of Delivery = 11/25/2016.
RT-PCR		

### ADDING ZIKA LAB TESTS TO LOCAL HMS TABLES

To add new lab tests, select **Lab Tests** from the Lab menu option under Table Maintenance.

The Identify Lab Test page displays.

- ☐ Lab
  - ▶ **Lab Tests**
  - ▶ Link Specimen to Facility
  - ▶ Delete Lab Order
  - ▶ Delete Pending Labs
  - ▶ Lab Results Maintenance
  - ▶ e-Labs Messaging Error Report
  - ▶ Access Test Group Preference List
  - ▶ Access Test Code Preference List
  - ▶ Access Diagnosis Code Preference List

Cancel Page

**Identify Lab Test**

Test Name  S

Lab Test Number :

Lab Facility :  S

[Add New](#)

Identify Lab Test Page

Type the test name, **Arbo ZIKA RT-PCR**, in the **Test Name** text box and click the **Search** button to initiate the search.



Click the **Add New** button to enter a new lab test. The Identify Lab Test criteria page displays.

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Cancel Page
Identify Lab Test
Save Page

Keep this window open

Lab Test \*

Test Type :

Lab Code : 376084

Detail Page \*

Collection Requirements :

Handling :

Units :

Inactive :

TB Lab Test :

Fasting Ind Required :

Profile :

Scan Form ID Required :

Avg Days for Results :

Allow Planned Specimen Collection Date :

Specimen Types

Specimen Type :

Note when ordering this test:  
 Adding one or more specimen types will limit type choices to only the ones added.  
 Adding no specimen types will enable ALL types to be available when ordering this test.

No Specimen Types Added

<-REMOVE

Specimen Sources

Specimen Source :

Adding one or more specimen sources will limit source choices to only the ones added.  
 Adding no specimen source will enable ALL sources to be available when ordering this test.

No Specimen Sources Added

<-REMOVE

Results

Results :

No Result Added

<-REMOVE

Facility is not required for this test :

Facility	S	Test Number
BUREAU OF LABORATORIES - JAX	S	<input type="text" value="1537"/>
BUREAU OF LABORATORIES - TPA	S	<input type="text" value="1537"/>
<input type="text" value=""/>	S	<input type="text" value=""/>
<input type="text" value=""/>	S	<input type="text" value=""/>

Reference Range for In House Lab Tests						
Description	Ref Range	Gender	Age Start	Age End	Race	Inact
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="checkbox"/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="checkbox"/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="....."/>	<input type="checkbox"/>

**Identify Lab Test Criteria Page**

All Zika tests are to be ordered from the Bureau of Laboratories (BOL) at this time. The tests are now available and orderable in the Emdeon test compendium for BOL – Jacksonville or BOL – Tampa exclusively. Both facilities offer testing but specimens should be sent to one or the other for testing.

Clicking the **Search** button allows you to search for the Bureau of Laboratories JAX and TPA. The selected facilities display in the **Facility** text boxes.

Type the test number **1537** in the **Test Number** text box for the facility.

Facility is not required for this test :

Facility	Facilities	Test Number
BUREAU OF LABORATORIES - JAX	S	1537
BUREAU OF LABORATORIES - TPA	S	1537
	S	

Identify Lab Test – Facilities



Click **Save Page** to save the new Zika lab test codes.

**NOTE: You must also create a new lab test for *Arbo ZIKA IgM ELISA* and associate BOL Jacksonville and Tampa to test number 1539.**

Cancel Page Identify Lab Test

Test Name:  S

Lab Test Number :

Lab Facility :  S

LabFacility	TestNumber	TestName	LabCode	LabType	Inactive
BUREAU OF LABORATORIES - JAX	1537	Arbo Zika RT-PCR	376081		0
BUREAU OF LABORATORIES - TPA	1537	Arbo Zika RT-PCR	376081		0
BUREAU OF LABORATORIES - JAX	1539	Arbo ZIKA IgM ELISA	376083		0
BUREAU OF LABORATORIES - TPA	1539	Arbo ZIKA IgM ELISA	376083		0

Identify Lab Test – Associated Lab Codes

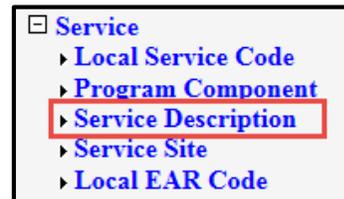
The Identify Lab Test page displays the **Lab Codes** associated with the new Zika lab tests. The Lab Code is a unique number assigned to your CHD containing the county ID number and a local sequential order number.

### ADDING ZIKA SERVICE DESCRIPTIONS TO LOCAL HMS TABLES

Service Descriptions for these tests need to be set up in your local HMS tables immediately so that services can be created and results can go into the patient's EHR. When setting up Service Descriptions, use CPT code **87798 (Arbo ZIKA RT-PCR)** and **86790 (Arbo ZIKA IgM ELISA)**.

To add new Service Descriptions, select **Service Description** from the Service menu under Table Maintenance.

The Identify Service Description page displays.



Cancel Page Identify Service Description

Service Description \*  x S

Any Code :

Identify Service Description page

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Type the Service Description, **Arbo ZIKA RT-PCR**, in the **Service Description** text box and click the **Search** button to initiate the search.



Click the **Add New** button to enter a new service description. The New Service Description page displays.

New Service Description Page

Select **Service** as the **Service Type** and type the five digit numeric CPT code **87798** in the **CPT Code** text box, four digit numeric HMC code **0000** in the **HMC Code** text box and the **Lab Code** from the corresponding lab test that was created for your county.

All Zika tests should be ordered under Program Component (PC) 37 exclusively. Assign a PC by clicking the **Assign Program Components** button.

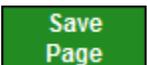


For valid billing for Medicaid, Medicare and Insurance Carrier, select the keyed claim type 16 from the **Keyed Claim Type** drop down list.

Valid Billing for		Form	Keyed Claim Type
Medicaid *	Yes	HEALTH INSURANCE CLAIM FORM	16
Medicare *	Yes	HEALTH INSURANCE CLAIM FORM	16
Insurance Carrier *	Yes	HEALTH INSURANCE CLAIM FORM	16

Start Date \* 08/04/2016

The start date indicates the service description effective date. Type **08/04/2016** on the **Start Date** text box.



Click **Save Page** to save the new Zika service descriptions.

**NOTE: You must also create a new service description for *Arbo ZIKA IgM ELISA* and associate CPT code 86790.**

**Identify Service Description**

Service Description \*  x S

Any Code :

Please enter service description and click view history button to view the description with history record if they exist.

Description	Active	Start	End
ARBO ZIKA IGM ELISA	Y	08/04/2016	
ARBO ZIKA RT-PCR	Y	08/04/2016	

Identify Service Description Page