



To: All IEHP Providers & IPAs
From: IEHP – Provider Relations
Date: July 15, 2020
Subject: **COVID-19 Antibody Testing**

Recognizing that a clear understanding of the benefits and limitations of current serologic tests is critical to appropriate interpretation and use of test results, Inland Empire Health Plan (IEHP) makes the following recommendations:

- Use a serologic test which detects high affinity antibodies to SARS-CoV-2 (these codes are not for billing purposes but are the LOINC codes flagged on the lab requisition form)
 - LabCorp Test Number 164068 does not distinguish between types of SARS-CoV-2 antibodies (IgG, IgA and IgM) but preferentially detects IgG
 - Quest Test Code 39504 detects IgG antibodies only

 - Please refer to the Medi-Cal Fee Schedule and the Medicare Fee Schedule for the appropriate codes to use when billing for the collection of the specimens for the COVID-19 antibody testing.
 - For Medi-Cal Members, IEHP will be responsible to pay for the antibody testing and claims/encounters can be sent by Providers to the plan.
- Inland Empire Health Plan – Claims
P. O. Box 4349
Rancho Cucamonga, CA 91729-1800
- For CMC DualChoice Members, please submit claims/encounters to the Member's assigned IPA.
- **Know who to test:**
 - Individuals at least 10-14 days after onset of COVID-19 symptoms.
 - Individuals at least 10-14 days after exposure to someone with confirmed COVID-19 infection.

 - **Know who NOT to test:**
 - Individuals currently exhibiting symptoms consistent with COVID-19 infection (use COVID-19 RNA test).

- Be aware that members can self-refer for testing
 - Discuss COVID-19 testing with Members so you can order the correct test type and ensure that the proper specimen is obtained for members to receive appropriate test interpretation and medical care.

- Recognize the proper test indications:
 - Determining prevalence in the community (surveillance studies to determine population- level estimates of exposure to SARS-CoV-2).
 - Identifying convalescent plasma donors (individuals who have recovered from COVID- 19 infection).
 - Identifying false-negative viral RNA tests (however, a negative serology test does not exclude COVID-19 infection).
 - Indicating a prior COVID-19 infection in an individual who had COVID-19 symptoms but was not able to undergo COVID-19 RNA testing.

- Avoid using COVID-19 serology for the following:
 - As the sole basis for diagnosing or excluding SARS-CoV-2 infection. Viral RNA testing is the gold standard for diagnosing COVID-19 infection as some antibody tests cross-react with other coronaviruses.
 - Screening for asymptomatic viral shedders. Again, COVID-19 RNA testing is the best method for screening asymptomatic individuals.
 - Determining if an individual is protected against future COVID-19 infection. It is not known if antibodies are protective or how long antibodies will last.
 - Making decisions about employment (returning to work, duty assignment, hiring).
 - Determining when an individual might return to a congregate.

The California Department of Public Health (CDPH) continues to closely monitor the COVID-19 public health emergency and provides information and resources regarding COVID-19 testing and medical care. More information is available at www.cdph.ca.gov. New updates will be released as additional guidelines are announced.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at:
www.iehp.org > For Providers > Plan Updates > Correspondence **or**
www.iehp.org > For Providers > Plan Updates > Coronavirus (COVID-19) Advisory.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.