

PROVIDER INFORMATIONFall/Winter Testing for COVID-19 and Influenza A and B

Differentiating COVID-19 patients from those with Influenza A or B (flu) will be especially important during the fall and winter months. Both types of infections can have very similar symptoms, and it may not be possible in many cases to differentiate based on clinical history alone.

BioReference Laboratories is now offering a multiplex test for flu and COVID-19 at the same time, using a single sample. This allows for more rapid diagnosis, conserves critical testing supplies, and provides surveillance for flu and COVID-19. Identifying the correct infectious agent, especially in high risk populations, will allow for early treatment and appropriate management.

COMMON SYMPTOMS FOR INFLUENZA AND COVID-19:

According to the U.S. Centers for Disease Control and Prevention (CDC), both COVID-19 and flu can have varying degrees of signs and symptoms, ranging from no symptoms (asymptomatic) to severe symptoms.

- Fever or feeling feverish/chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat

- Runny or stuffy nose
- Muscle pains or body aches
- Headache
- Vomiting and diarrhea (more common in children)

	INFLUENZA		COVID-19	
Approximate time to develop symptoms:		1-4 days		2-14 days (5 days typical)
Approximate duration someone is contagious:		1 day before symptoms up to 7 days after		2 days before symptoms to 10 days after
Transmission	6 feet ← G feet	Both are spread mainly by respiratory droplets through person to person close contact (less than 6 feet), though other means of spread exist. COVID-19 is more contagious among certain populations.		
Risk	13.1	Older adults, people with underlying medical conditions, and pregnant women are at higher risk with flu or COVID-19.		

TEST DETAILS

	COVID-19 + Influenza A/B		
Test Code and Name	M123 - COVID-19 + Influenza A/B		
Primary Container	Please refer to the most current CDC guidelines for further information on collecting, handling, and testing clinical specimens. www.cdc.gov/coronavirus/2019-nCoV/lab/ guidelines-clinical-specimens.html and the FDA FAQs on Diagnostic Testing for SARS-CoV-2 "What If I Do Not Have?" www.fda.gov/medical-devices/emergency-situations-medical-devices/faqsdiagnostic-testing-sars-cov-2		
Turn Around Time*	3 days		
Transportation Temperature	Refrigerate (2-8° C)		
Stability	 5 days at 2–8° C 2 days at 2–25° C followed by 3 days at 2–8° C Frozen 30 days 		
Methodology Multiplex Real-Time RT-PCR			
Reference Range	Not Detected		
Collection Instructions	Specimen collection for patients under investigation of COVID-19 and seeking evaluation of the disease will not be performed at BioReference Patient Service Centers. Specimens should be collected at physician offices, hospitals or other clinic settings. As of March 24, 2020, the FDA and CDC recommend collecting and testing an upper respiratory specimen with a nasopharyngeal collection (NP), placed in 3 mL of transport media, as the preferred choice for swab-based SARS-CoV-2 testing. If a NP specimen cannot be collected, nasal collection is acceptable. Label specimen with patient name. Place in specimen bag and label with "COVID-19" and submit to laboratory. Only nasal or nasopharyngeal swabs can be used for collection. Oropharyngeal swab or pooled collection cannot be used for the multiplex COVID-19, Influenza A/B assay (M123).		
CPT**	87636		
Clinical Utility	For the detection of SARS-CoV-2, Influenza A and B		

^{*} TAT is based upon receipt of the specimen at the laboratory.

Sources

US Centers for Disease Control and Prevention (CDC).

https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm

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

^{**}CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.