

COVID-19 Drive-Through Testing Q&A

PUBLISHED: APRIL 2020 | AUDIENCE: REVENUE CYCLE

Many health systems are providing COVID-19 testing in a drive-through setting to minimize exposure for clinicians and other patients. The Families First Coronavirus Response Act, a federal law passed in late March 2020, requires insurers to waive patient cost-sharing for COVID-19 diagnostic testing, so no point-of-service collections have to take place at a drive-through testing site. However, other steps in the revenue cycle still must occur, prompting questions on how to handle scheduling, registration, and coding, among other topics. The information below synthesizes HBI interviews, results from the *Revenue Cycle COVID-19 Response Survey* (available in full [here](#)), and industry research.

Q: How do we schedule drive-through tests?

Drive-through testing is generally available only to scheduled patients who have been screened and determined to have symptoms that warrant testing. Those patients then obtain a physician order for the test and often are given an appointment time to arrive. Many providers are proactively stating that anyone who arrives at a drive-through site without a physician order for testing will be turned away; this is not a walk-in service. Some test providers are only releasing the location of drive-through testing to those with appointments, to limit the likelihood of unscheduled individuals attempting to receive walk-in treatment.

Q: How do we register drive-through patients?

Many organizations are relying heavily on pre-registration, which is generally facilitated by requiring an order and appointment for testing, so there is some lag time for a pre-service phone call.

At the point of service, the patient might be asked to provide a pre-registration confirmation number and/or their physician's order, as well as proof of identity.

One HBI member in Pennsylvania, where testing is occurring in tents, has on-site staff photograph patient IDs and insurance cards. Those photos are sent to registrars working remotely, who complete registration off-site.

An HBI member in Illinois and Indiana is accepting verbal consent to treat for screening services, rather than asking patients to sign consent forms.

Many organizations are similarly accepting verbal consent and verbal signatures on other administrative forms (e.g., acknowledgement of financial responsibility), such as by employing these practices:

- Staff read the form to the patient and sign the form to indicate they have done so, but the patient is not asked to sign.
- Alternatively, the staff member prints the patient's name on the signature line before signing it and noting that consent was obtained verbally.
- Staff could provide a copy of the consent form to the patient but not collect it or request a signature.

- If verbal consent is being obtained over the phone, similar processes could be followed, or the call could be recorded to document verbal consent.

Q: Can we provide patient restrooms?

Many are not, requiring patients to remain in their vehicles for the duration of testing, even if wait times are long. Requiring patients to remain in their vehicles limits the likelihood of exposure for clinicians and other patients.

Q: Can we provide testing if the patient doesn't have a car?

Many are not, stating that patients cannot arrive on foot, in a ride-sharing vehicle, or by other transport. If a patient has been referred for testing but does not have a car, consider another service site for testing. Requiring patients to remain in vehicles limits the likelihood of exposure for clinicians and other patients.

Q: How can we provide a positive patient experience?

Due to the amount of personal protective equipment staff are wearing and because patients cannot exit their vehicles, communication is hindered. Expect that patients cannot see your facial expressions and that your tone will be affected by needing to speak louder than usual. From the patient's perspective, this can be an unsettling experience. If you are using bullhorns or a microphone/speaker to communicate through closed car windows, this can be especially alarming.

Consider using more demonstrative body language to substitute for missed facial cues, explicitly verbalizing pleasantries that might otherwise be implied by a friendly tone, and thanking patients for waiting and for following your pre-registration requirements. Using cones and clear signage to direct patients will be key for efficiency and could reduce the disorientation and stress patients will feel.

Q: What place of service codes do we use?

The American Medical Association has published coding guidance for drive-through testing and other common COVID-19 treatment scenarios (click [here](#)). If the testing site is in the parking lot of a facility that commonly provides healthcare, the AMA recommends using that facility's POS code (e.g., 17 for a walk-in retail health clinic, 20 for an urgent care facility, 23 for a hospital ED). If the drive-through testing site is in a parking lot that is not linked to a healthcare facility, the AMA recommends using 15 for mobile unit.

However, specific payers could have other requirements. For example, BlueCross BlueShield of Tennessee has published guidance that 99, other, is the appropriate POS code for drive-through testing.

Q: What other codes are appropriate?

The AMA has indicated sample collection at a drive-through testing site should be coded with CPT 99001, handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated). Click [here](#) for HBI's **COVID-19 Coding Updates** for more info.

Q: How do we provide test results back to patients?

Many organizations are sending test results to the ordering physician, who will be responsible for informing patients. To facilitate this, some test providers are asking patients to confirm their ordering physician's fax number.

Q: What scripting can we use for patients who show up without an appointment?

"I understand your concern. Because we have limited testing supplies on-site, we can only provide testing today to patients who have gone through our screening and pre-registration process and who have an appointment. You can call [PHONE NUMBER] today to go through this screening process. If my teammates decide you need testing, you probably won't be able to have an appointment today, so I recommend you should go home to make the call so you will be in a more comfortable environment. If they decide you do not need to be tested, they can give you advice on how to stay healthy and what precautions you should be taking."

COVID-19 is an ongoing situation and organizations' processes are changing daily to adapt to various needs during this crisis. As such, this information is up-to-date as of April 1, 2020. HBI is continually monitoring the situation and updating material as we gather additional information. While HBI has attempted to ensure the accuracy of research provided in this document, the information has been obtained from numerous resources. Therefore, HBI cannot guarantee its accuracy and is not liable for any claims or losses that arise from errors or omissions within this document.