



# Department of Public Health

## MAYOR

Dee Margo

## HEALTH ADVISORY

## CITY COUNCIL

### District 1

Peter Svarzbein

### District 2

Alexsandra Anello

### District 3

Cassandra Hernandez

### District 4

Dr. Sam Morgan

### District 5

Isabel Salcido

### District 6

Claudia L. Rodriguez

### District 7

Henry Rivera

### District 8

Cissy Lizarraga

## CITY MANAGER

Tommy Gonzalez

**DATE: 3/23/2020**

### REASON FOR THIS ADVISORY:

### **Novel Coronavirus (COVID-19)** **Drive-thru Specimen Collection Site**

This advisory is posted on the City of El Paso Department of Public Health (DPH) website found at [www.ephealth.com](http://www.ephealth.com).

To ensure you receive future advisories, please sign up at **[register.EPHealth.com](http://register.EPHealth.com)**

The City of El Paso Department of Public Health (DPH), in collaboration with the Border Regional Advisory Council (BorderRAC) and local hospitals, will be collecting specimens for COVID-19 testing beginning March 23, 2020. Collected specimens will be sent to and tested by Quest Diagnostics with a turnaround of 2-4 days for results. Physicians will be required to complete the online Quest Diagnostics Requisition Form to request testing.

We encourage physicians to be mindful of the limited testing supplies and make a thorough assessment. Only patients that have a medical order processed by a physician and meet that criteria below will be tested. When possible, consideration should be given to rule out strep or influenza prior to ordering the test.

Physicians will make an appointment for patient at Drive-thru Specimen Collection Site. Appointments can be scheduled at **(915) 494-0982 Monday - Friday 7 AM - 3 PM and location will be provided**. The Site is operational Monday thru Friday from 7:00am to 3:00pm. Results will be provided to the ordering physician.

Government payors are covering the cost of the test. Health plans are waving copays and deductibles. Physicians need to provide health plan, Medicaid or Medicare information on the Quest requisition along with the appropriate **ICD10** code. The test code is **39444** SARS Coronavirus with COV-2, RNA.



DELIVERING **EXCEPTIONAL** SERVICES



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| Clinical Features   | &          | Epidemiologic Risk   |
|---|------------|--|
| Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)                             | <b>AND</b> | Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset                                |
| Fever and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)                            | <b>AND</b> | A history of travel from affected geographic areas within 14 days of symptom onset<br><br>OR<br>An individual(s) with risk factors that put them at higher risk of poor outcomes |
| Fever and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization. | <b>AND</b> | No source of exposure has been identified.   |

**CITY MANAGER**

Tommy Gonzalez

