

Documentation for COVID-19

In order to assign the correct code for testing,

Please be specific for reason for screening/testing for COVID-19:

- Asymptomatic patient has **NO confirmed or suspected exposure**
- Asymptomatic patient has **confirmed or suspected exposure**

Causal Relationship to COVID:

If patient had prior COVID -19 infection, and presents with symptoms you feel are related to COVID, please document causal relationship between the patient's symptoms/diagnosis. Document if COVID-19 infection is still active, or COVID negative, patient recovered.

- Ex. *'Pt. currently negative COVID-19, prior history of COVID -19, 4 weeks ago. Presents with PE related to prior COVID -19 infection.'*