

# Lucira Health, Inc.

# Healthcare Provider Guide to COVID-19 Data Reporting for Non-Lab-Based Testing

## **Public Health Reporting**

All prescribing healthcare providers must report all test results they receive from individuals who use your product to relevant public health authorities in accordance with local, state, and federal requirements, using appropriate LOINC and SNOMED codes, as defined by the <u>Laboratory In Vitro Diagnostics (LIVD) Test Code Mapping</u> for SARS-CoV-2 Tests provided by the Centers for Disease Control (available at: <a href="https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html">https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html</a>). Healthcare providers will also report to Lucira Health, Inc., when requested by Lucira, how many individuals reported test results compared to how many tests they prescribed.

Test Name	LOINC Code (Test Ordered)	LOINC Code (Test Performed)
Lucira COVID-19 All-In-One Test Kit	96986-5	96986-5
Lucira CHECK-IT COVID-19 Test Kit	96986-5	96986-5
Lucira COVID-19 & Flu Test		
SARS-CoV-2 (COVID-19)	100972-9	95608-6
Influenza A	100972-9	100973-7
Influenza B	100972-9	100974-5

#### How to report Lucira COVID-19 test results from your patients:

- Please ask patients to report their test results to their prescribing physician. For healthcare networks that have secure MyHealth eportals, Lucira has provided a photo guide on the bottom panel of its outer packaging to facilitate healthcare provider reporting. Patients can take a picture of their test results alongside their test's unique test kit number and upload it to their secure My Health eportal.
- Please use the below guide for COVID-19 Data Reporting for Non-Lab Based Testing

### Note on reporting results with multiple gene targets (ex. SARS-CoV-2 and Influenza):

The Lucira COVID-19 & Flu Test includes the detection of multiple gene targets (for SARS-CoV-2, Influenza A and Influenza B) with reporting of individual results. For this assay, the gene-specific code should be used for the order and the result.



			R	Reporti	ng			
#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
1	Test ordered	Device (Auto)	<b>✓</b>	<b>✓</b>	<b>✓</b>	The Test Ordered LOINC Order should identify the test that is being requested, not the <i>in vitro</i> diagnostic (IVD) device used to process the test. LOINC panel codes are used when there are multiple targets and the results for each target could potentially be reported indivdually For tests with a single target (analyte) the Test Order code is most likely the same as the Test Performed code		Lucira COVID-19 All-In-One Test Kit LOINC code is <u>96986-5</u>
2	Test result (performed)  Test result (values)	Device (Auto)	√	√	√	Must use <u>harmonized</u> <u>LOINC codes</u> , when available Qualitative tests: Must use <u>harmonized</u> <u>SNOMED-CT</u> value set codes		Lucira COVID-19 All-In-One Test Kit LOINC code is 96986-5  Select one SNOMED-CT Qualitative Values:  • 260373001 Detected • 260415000 Not detected • 419984006 Inconclusive • 455371000124106 Invalid Result
3	Test result date	Device (Auto)	✓	<b>√</b>	<b>√</b>	YYYY[MM[DD]] – numeric	Date the test result was obtained	Example: 20201116
4	Test report date	Device (Auto)	✓	✓	<b>√</b>	YYYY[MM[DD]] – numeric	Date the test result was reported to the state public health authority*	Example: 20201116  *Note: this data element definition



Data Element  Device dentifier	Device (Auto)	Federal / CDC / HHS	Reporti State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
		<b>√</b>					
		<b>√</b>					differs from the lab-based test report date.
			✓	✓	Lucira test kit Device Identifier (DI)		For the Lucira Health test kits, the DI number may be found on the kit box label, beneath the 3D barcode and preceded by (01). See example below (DI highlighted yellow):    REF ##XXXXX###   OT ########   YYYY-MM-DD TEST KIT #: XXXXXXXX   (01)00810055970124   (10) ########   (17) YYMMDD
atient age	Patient	✓	<b>✓</b>	<b>√</b>	Patient age units – numeric:  • number of years for patients >2 • months for patients <2 • [YY yr] OR [MM mo]	Patient age at the time of specimen collection	May calculate from DOB, if known
ratient date f birth	Patient		<b>√</b>	<b>√</b>	LOINC: 35659-2 Age at specimen collection  YYYY[MM[DD]] – numeric		Examples: 19460616
'a	tient date	tient date Patient	tient date Patient	tient date Patient ✓	tient date Patient    V  V  V  V  V  V  V  V  V  V  V  V	numeric:  • number of years for patients >2 • months for patients <2 • [YY yr] OR [MM mo]  LOINC: 35659-2 Age at specimen collection  tient date Patient  ✓ YYYY[MM[DD]] —	numeric: specimen collection  • number of years for patients >2 • months for patients <2 • [YY yr] OR [MM mo]  LOINC: 35659-2 Age at specimen collection  tient date Patient   ✓ YYYY[MM[DD]] —



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#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
						LOINC: 21112-8 Birth date		
8	Patient race	Patient	<b>√</b>	<b>√</b>	<b>✓</b>	Use OMB race codes value set, which is consistent with Census 2020  LOINC: 32624-9 Race	Identified by patient	<ul> <li>OMB Values:</li> <li>1002-5 American Indian or Alaska Native</li> <li>2028-9 Asian</li> <li>2054-5 Black or African American</li> <li>2076-8 Native Hawaiian or Other Pacific Islander</li> <li>2106-3 White</li> <li>UNK Unknown</li> <li>ASKU Asked, but unknown</li> </ul>
9	Patient ethnicity	Patient	<b>√</b>	<b>✓</b>	<b>√</b>	Use OMB ethnicity codes value set, which is consistent with Census2020	Identified by patient	OMB Values:  • 2135-2 Hispanic or Latino • 2186-5 Non-Hispanic or Latino • UNK Unknown
10	Patient sex	Patient	√	✓	<b>√</b>	Male Female Other LOINC: 72143-1 Sex	Biological sex at birth (XY, XX, other)	<ul> <li>SNOMED-CT Values:</li> <li>M (Male)</li> <li>F (Female)</li> <li>O (Other)</li> </ul>
11	Patient residence zip code	Patient	<b>√</b>	<b>√</b>	√	5-digit or 9-digit numeric notation (with dash) ##### #####-#### LOINC: 45401-7 Postal code [Location]		Example: 20993
12	Patient residence county	Auto from zip	<b>√</b>	✓	<b>√</b>	Patient county name – Alpha  LOINC: 87721-7 County	Patient count name can be auto populated from zip code	Example: Dallas County



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#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
						of residence [Location]		
13	Ordering provider name; NPI	Patient/ Auto	✓	✓	<b>√</b>	Name – Alpha  NPI – Numeric, 10digit ###################################	Current ordering provider name, and/or NPI from NPPES NPI Registry	Example Name: Last, First  Example NPI: 1234567899  Not applicable for non-prescription tests
14	Ordering provider zip code	Patient/ Auto	<b>√</b>	<b>√</b>	<b>√</b>	5-digit or 9-digit numeric notation (with dash) ####################################		Example: 20993  Not applicable for non-prescription tests
15	Specimen source	Patient/ Device	✓	<b>√</b>	✓	Must use appropriate harmonized specimen codes (in LIVD file, e.g., SNOMED-CT codes), when available  See LIVD file 'LOINC Mapping' Tab, column D: 'Vendor Specimen Description'		<ul> <li>871810001 Mid-turbinate nasal swab</li> <li>697989009 Anterior nares swab</li> <li>445297001 Nasal swab</li> <li>258529004 Throat (oropharyngeal) swab</li> <li>119334006 Sputum specimen</li> <li>119342007 Saliva specimen</li> <li>258607008 Bronchoalveolar lavage fluid (BAL)</li> <li>119335007 Expectorated sputum</li> <li>445447003 Endotracheal aspirates</li> <li>258500001 Nasopharyngeal swab</li> </ul>
16	Patient name	Patient		<b>√</b>	✓	LOINC: 45392-8 Patient First Name		Example: Last, First Middle
						LOINC: <u>52461-1</u> Patient Middle Name		



			F	Reporti	ng			
#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
						LOINC: 45394-4 Patient Last Name		
17	Unique patient identifier			<b>&gt;</b>	<b>√</b>	Multifactor authentication system		Example: Multifactor authentication system, using cloud-based registration, with time-dependent serial pings, geographic location, and biometrics (e.g., voice print, facial recognition, etc.)
18	Patient street address	Patient		✓	✓	Patient street address – Alphanumeric  LOINC: 56799-0 Address	Address of location where patient resides	Example: Number Street City, State, Zip
19	Patient phone number	Patient		✓	<b>√</b>	10-digit numeric (###) ###- #### LOINC: <u>42077 -8</u> Patient phone number	Home/cell phone (non-business)	Example: (123) 456-7890
20	Patient email address	Patient		<b>√</b>	✓	LOINC: 76458 -9 Patient Email address		
21	Ordering provider address	Patient/ Auto		✓	✓	Alphanumeric	Ordering provider street address	Example: Number Street, City, State, Zip  Not applicable for non-prescription tests
22	Ordering provider phone number	Patient/ Auto		<b>√</b>	<b>√</b>	10-digit numeric (###) ### ####		Example: (123) 456-7890  Not applicable for non-prescription tests
23	AOE: First test	Patient	<b>√</b>	✓	<b>√</b>	YES NO UNK – Unknown	Is this the first test (of any kind) the patient has had for COVID - 19?	LOINC: <u>95417-2</u> Value Set:  • YES



			R	Reporti	ng			
#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
	(if NO)	Patient	✓	✓	✓	Molecular Antigen Antibody/Serology Unknown	What type of test was the most recent prior test, and what was the result?	<ul> <li>NO</li> <li>UNK – Unknown</li> <li>Test Type and Result:</li> <li>Molecular (LOINC: 94309-2)</li> <li>Detected (260373001)</li> <li>Not Detected (260415000)</li> <li>UNK - Unknown (261665006)</li> <li>Antigen (LOINC: 94558-4)</li> <li>Detected (260373001)</li> <li>Not Detected (260415000)</li> <li>UNK - Unknown (261665006)</li> <li>Antibody (LOINC: 94762-2)</li> <li>Detected (260373001)</li> <li>Not Detected (260415000)</li> <li>UNK - Unknown (261665006)</li> <li>UNK - Unknown (261665006)</li> <li>UNK - Unknown (261665006)</li> <li>UNK - Unknown (261665006)</li> <li>261665006)</li> <li>261665006</li> <li>Unknown</li> <li>276727009 Null (Prior test type unknown)</li> </ul>
24	AOE: Employed in healthcare	Patient	<b>√</b>	<b>✓</b>	<b>√</b>	YES NO UNK - Unknown	Is the patient employed in healthcare with direct patient contact?	LOINC: <u>95418-0</u>
	(if YES)	Patient	✓	✓	<b>√</b>			If yes: SNOMED-CT Values:  • 223366009 Healthcare Professional  • More Detailed Healthcare



#	Data Element	Source	Federal / CDC / HHS	Ceporti State / Local PHD	ng Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
25	AOE: Symptomatic per CDC list of symptoms	Patient	<b>√</b>	<b>√</b>	<b>√</b>	YES NO UNK - Unknown	Per CDC list of symptoms	Professional List LOINC: 95419-8  Value Set:  • YES  • NO  • UNK - Unknown
	(if YES)	Patient	1	✓	✓	If yes, date symptom onset, if known YYYY[MM[DD]] – numeric .		LOINC: <u>65222-2</u> (date) Example: 20200716
	(if YES)	Patient	✓	✓	✓	Use LOINC and SNOMED-CT codes when possible	Per CDC list of symptoms	LOINC: 75325-1 Symptom  SNOMED-CT Values:  • 426000000 Fever over 100.4F  • 103001002 Feeling feverish  • 43724002 Chills  • 49727002 Cough  • 267036007 Shortness of breath  • 230145002 Difficulty breathing  • 84229001 Fatigue  • 68962001 Muscle or body aches  • 25064002 Headache



			F	Reporti	ng			
#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
	(if YES)	Patient	<b>√</b>	<b>√</b>	<b>√</b>			<ul> <li>36955009 New loss of taste</li> <li>44169009 New loss of smell</li> <li>162397003 Sore throat</li> <li>68235000 Nasal congestion</li> <li>64531003 Runny nose</li> <li>422587007 Nausea</li> <li>422400008 Vomiting</li> <li>62315008 Diarrhea</li> </ul>
								If Yes, SNOMED-CT Value:  • 309904001 Intensive care unit (environment)
26	AOE: Resident in congregate care/living setting	Patient	<b>√</b>	<b>√</b>	<b>√</b>		YES NO UNK – Unknown	Value Set: • YES • NO • UNK – Unknown
	(if YES)	Patient	✓	<b>√</b>	✓		E.g., nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care	If yes:  • LOINC: <u>75617-1</u> Residence Type  SNOMED-CT Values:  • <u>22232009</u> Hospital  • <u>2081004</u> Hospital ship  • <u>32074000</u> Long term care hospital  • <u>224929004</u> Secure hospital  • <u>42665001</u> Nursing home  • <u>30629002</u> Retirement home



			F	Reporting				
#	Data Element	Source	Federal / CDC / HHS	State / Local PHD	Provider / EHR / Personal Health Record	Technical Specifications	Notes	Example
								• <u>74056004</u> Orphanage
								• <u>722173008</u> Prison-based care site
								• 20078004 Substance
								abuse treatment
								center
								• <u>257573002</u> Boarding house
								• <u>224683003</u> Military
								accommodation
								<ul> <li><u>284546000</u> Hospice</li> <li><u>257628001</u> Hostel</li> </ul>
								• 310207003 Sheltered housing
								• 257656006 Penal institution
								• <b>285113009</b> Religious
								institutional residence
								• <u>285141008</u> Work
								(environment)
27	AOE:	Patient	✓	✓	✓	Pregnant Not Prognant		LOINC: <u>82810-3</u>
	Pregnant					Not Pregnant Unknown		SNOMED-CT Pregnancy Status:
						Chanown		• 77386006 Pregnant
								• <b>60001007</b> Not Pregnant