Back to Patient Care program

Providing guidance in the face of uncertainty

Quest Diagnostics understands that the COVID-19 pandemic has had a significant impact on your practice and on your patients. That's why we have created the **Back to Patient Care program**—a solution to help you get your practice back online so that your patients can receive the care they need.

The impact of COVID-19 extends beyond the infection symptoms—since the start of the pandemic, a recent survey showed a 49% drop in primary care visits.[1] This deferred patient care makes it even more important to get your patients back to a regular course of care, which includes important routine testing.

Back to Patient Care program provides guidance that can help you:

- Make informed decisions about your practice and how to appropriately staff
- Get back to the office setting
- Minimize risk of exposure in your work environment
- Treat patients in-office, as appropriate

Our Back to Patient Care program can help your patients and your staff take steps towards managing their COVID-19 exposure, and get the care and treatment they need.

For more information on COVID-19, please visit **QuestDiagnostics.com/COVID19**

A suggested model to help get your patients back to care with 4 easy steps.

1. **Test staff** with SARS-CoV-2 (COVID-19) molecular[a] and antibody tests
2. **Screen patients with questionnaire prior to office visit** for COVID-19 exposure and risk
3. **Manage your office environment**
4. **Back to caring for your patients**

[a] Specimen collection for molecular testing for current SARS-CoV-2 (COVID-19) infection is not available at Quest Diagnostics Patient Service Centers. Do not send patients suspected of current SARS-CoV-2 (COVID-19) infection to our centers.

A model for getting back to care

While every practice's model for providing care will vary, we've developed one baseline approach based on CDC guidelines for wellness, chronic, and acute care visits that HCPs may consider as they return back to a more regular schedule of patient care.[2] This model may change as CDC guidelines and FDA recommendations are updated.

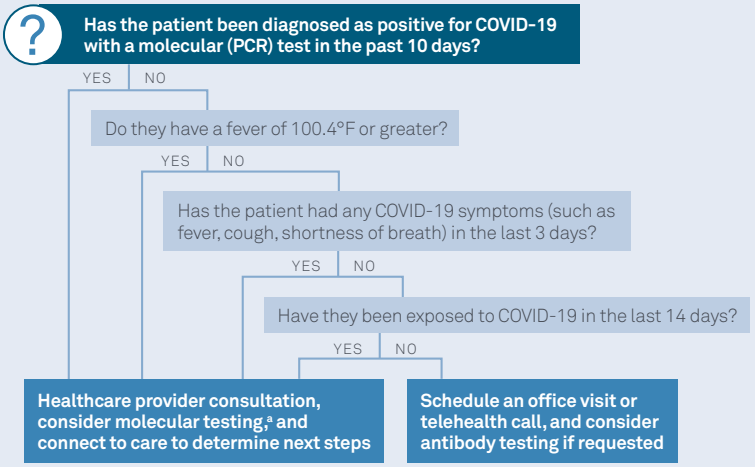
1 Test staff with SARS-CoV-2 (COVID-19) molecular[b] and antibody tests

Understanding the status of your staff may help reduce the risk of them seeing patients while they have a current infection, and help you schedule staff appropriately.

SARS-CoV-2 RNA (COVID-19), Qualitative NAAT
Test code: 39448
CPT code: 87635
(HCPCS:U0003)

SARS-CoV-2 Antibody (IgG), Spike, Semi-Quantitative
Test code: 34499
CPT code: 86769

2 Screen patients with questionnaire prior to office visit for COVID-19 exposure and risk



3 Manage your office environment

- Perform regular staff/patient temperature checks
- Consider requiring masks for your staff and patients
- Practice social distancing by limiting the number of patients in the waiting room and spacing chairs apart
- Provide online patient check-in and encourage waiting outside for appointments
- Limit number of patient family members in office

To help reduce the risk of COVID-19 exposure, always follow CDC guidelines regarding precautions.

[b] Specimen collection for molecular testing for current SARS-CoV-2 (COVID-19) infection is not available in our Patient Service Centers.

Meeting your testing needs

Back to Patient Care is supported by the Quest Diagnostics network of 2,250 Patient Service Centers (PSCs). Our PSCs remain open as an essential service to put your patients' care first every day. **Our Peace of Mind program** has enhanced safety features consistent throughout the day for all patients.

Quest Diagnostics PSCs also offer SARS-CoV-2 (COVID-19) antibody testing. Staff and patients with a physician's order can make appointments for SARS-CoV-2 (COVID-19) antibody testing at **QuestDiagnostics.com/Appointment.**

For more information or to talk to your Quest sales representative, call **1.866.MYQUEST (1.866.697.8378).**

Delivering Peace of Mind at our PSCs

- Social distancing
- All patients are required to wear a mask or face covering
- Safeguarding patient health with employee masks and PPE
- More frequent cleaning
- Wait by Text program

Antibody tests are intended for use as an aid in identifying individuals with an adaptive immune response to SARS-CoV-2, indicating recent or prior infection or an immune response to a COVID-19 spike-targeted vaccine. Results are for the detection of SARS-CoV-2 antibodies. IgG and IgM antibodies to SARS-CoV-2 are generally detectable in blood several days after initial infection, although the duration of time antibodies are present post-infection is not well characterized. At this time, it is unknown for how long antibodies persist following infection and if the presence of antibodies confers protective immunity. Individuals may have detectable virus present for several weeks following seroconversion. Negative results do not preclude acute SARS-CoV-2 infection. If acute infection is suspected, molecular testing for SARS-CoV-2 is necessary. The tests should not be used to diagnose acute SARS-CoV-2 infection. False-positive results for the test may occur due to cross-reactivity from pre-existing antibodies or other possible causes. The sensitivity of the IgM test early after infection is unknown. Due to the risk of false-positive results, confirmation of positive results should be considered using a second, different IgM assay or an IgG assay. Samples should only be tested for IgM from individuals with 15 days to 30 days post–symptom onset. SARS-CoV-2 antibody negative samples collected 15 days or more post–symptom onset should be reflexed to a test that detects and reports SARS-CoV-2 IgG. The results of the semi-quantitative test should not be interpreted as an indication or degree of immunity or protection from reinfection.

- These tests have not been FDA cleared or approved;
- These tests have been authorized by FDA under EUAs for use by authorized laboratories;
- These tests have been authorized only for the detection of IgG and IgM antibodies against SARS-CoV-2, not for any other viruses or pathogens; and
- These tests are only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

References
1. Mehrotra A, Chernew M, Linetsky D, Hatch H, Cutler D. What impact has COVID-19 had on outpatient visits? *To the Point (blog), The Commonwealth Fund*. April 23, 2020. https://doi.org/10.26099/ds9e-jm36
2. CDC. Interim infection prevention and control recommendations for healthcare personnel during the coronavirus disease 2019 (COVID-19) pandemic. Updated February 23, 2021. Accessed March 16, 2021. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

The CPT® codes provided are based on American Medical Association 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.

Test codes may vary by location. Please contact your local laboratory for more information.

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