

# KNOWING

your patients' needs in  
the time of COVID-19



## COVID-19 has brought to light the vital need to better understand a patient's health

Over the course of the COVID-19 pandemic, studies have uncovered important risk factors that could impact a patient's outcome before, during, and after a SARS-CoV-2 (COVID-19) infection.<sup>1</sup>

These risk factors could be exacerbated by deferred routine care due to the pandemic.<sup>1</sup> Additional insights may be required at 3 critical junctures in the patient journey.



Baseline/routine care



Suspected respiratory  
or SARS-CoV-2  
(COVID-19) infection



Post-SARS-CoV-2  
(COVID-19) infection

## Helping to illuminate a care pathway forward for your patients

HCPs may consider a variety of testing approaches based on the needs of individual patients. Below are some of the tests HCPs may find useful in developing a better understanding of their patients' current health status.

Routine baseline testing can help provide key insights and help identify any underlying conditions—which is important for patients who may develop a SARS-CoV-2 (COVID-19) infection

# 1

## Baseline/routine care

Routine testing, particularly if deferred during the pandemic, is an important tool for developing a baseline understanding of your patient's health. These insights may be especially helpful if the patient were to develop a SARS-CoV-2 (COVID-19) infection in the future.

- Complete Blood Count (CBC), includes Differential and Platelets
- Comprehensive Metabolic Panel (CMP)
- Hemoglobin A1c (HbA1c)
- Lipid Panel, Standard
- Vitamin D
- SARS-CoV-2 (COVID-19) IgG Antibody

Based on risk factors, signs, symptoms, and history:

- D-Dimer
- PT/aPTT
- Anti-nuclear Antibody (ANA) by IFA with Reflex to Multiplex 11 Antibody Cascade

# 2

## Suspected respiratory or SARS-CoV-2 (COVID-19) infection

For patients who are suspected to have a SARS-CoV-2 (COVID-19) infection, but require a differential diagnosis between SARS-CoV-2 (COVID-19) and other respiratory infections.

- SARS-CoV-2 RNA (COVID-19) and Influenza A and B, Qualitative NAAT
- SARS-CoV-2 RNA (COVID-19) and Respiratory Pathogen Panel, Qualitative NAAT
- SARS-CoV-2 RNA (COVID-19) and Respiratory Viral Panel, Qualitative NAAT
- SARS-CoV-2 RNA (COVID-19), Qualitative NAAT
- Influenza A and B RNA, Qualitative, Real-Time PCR
- Influenza A and B and RSV RNA, Qualitative, Real-Time RT-PCR
- Respiratory Viral Panel, PCR
- Respiratory Pathogen Panel

# 3

## Post-SARS-CoV-2 (COVID-19) infection testing

Tests are aligned to conditions that may manifest in patients recovering from a SARS-CoV-2 (COVID-19) infection.

- CBC
- HbA1c
- Lipid Panel, Standard
- SARS-CoV-2 (COVID-19) IgG Antibody
- CMP
- D-Dimer
- Vitamin D

Depending upon a patient's complications post-SARS-CoV-2 (COVID-19) infection, providers may refer the patient to a specialist for further testing. Areas for specialty testing could include:

- Cardiology
- Neurology
- Hematology
- Drug monitoring
- Infectious Disease
- Immunology/autoimmune
- Posttransplant recipient testing

After a SARS-CoV-2 (COVID-19) infection, many patients report<sup>1,2</sup>:

- Dyspnea
- Unusual fatigue
- Heart palpitations
- Shortness of breath
- Joint pain
- "Brain fog"
- Mood swings



## Quest can help you and your patients understand the impact COVID-19 may have, make more informed decisions, and anticipate supplementary care they might need post–SARS-CoV-2 (COVID-19) infection.

HCPs may consider a variety of testing approaches based on the needs of individual patients. Below are some of the tests HCPs may find useful in developing a better understanding of their patients' current health status.

| Baseline/routine tests   | Test code | CPT code(s)  |
|--|-----------|--------------|
| <b>CBC (Includes Differential and Platelets)<sup>a</sup></b><br>Includes Hemoglobin (510); MCV; MCH; MCHC; MPV; Platelet Count, EDTA (723); Red Blood Cell Count (783); RDW; White Blood Cell Count (937)  | 6399      | 85025        |
| <b>Comprehensive Metabolic Panel<sup>a</sup></b><br>Includes Albumin (223); Albumin/Globulin Ratio (calculated); Alkaline Phosphatase (234); Alanine Aminotransferase (823); Aspartate Aminotransferase (822); Bilirubin, Total (287); BUN/Creatinine Ratio (296); Calcium (303); Carbon Dioxide (310); Chloride (330); Creatinine with GFR Estimated; Globulin (calculated); Glucose (483); Potassium, Serum (733); Sodium (836); Protein; Total and Protein Electrophoresis (747); Urea Nitrogen (BUN) (294) | 10231     | 80053        |
| <b>Hemoglobin A1c</b>  | 496       | 83036        |
| <b>Lipid Panel, Standard<sup>a</sup></b><br>Includes Cholesterol, Total (334); Cholesterol and HDL Cholesterol with Ratio (7432); Direct LDL (8293); HDL Cholesterol (608); Non-HDL Cholesterol (calculated); Triglycerides (896)  | 7600      | 80061        |
| <b>Vitamin D, 25-Hydroxy, Total, Immunoassay</b>   | 17306     | 82306        |
| <b>SARS-CoV-2 Antibody (IgG), Spike, Semi-Quantitative</b>   | 34499     | 86769        |
| <b>D-Dimer, Quantitative<sup>b</sup></b>   | 8659      | 85379        |
| <b>Prothrombin with INR and Partial Thromboplastin Times (PT/aPTT)<sup>b</sup></b><br>Includes PT/INR (8847); aPTT (763)   | 4914      | 85610, 85730 |
| <b>Anti-nuclear Antibody (ANA) Screen, IFA with Reflex to Titer and Pattern and Reflex to Multiplex 11 Antibody Cascade<sup>a,c</sup></b><br>Includes dsDNA (255), Sm/RNP (38567), RNP (19887), Sm (37923), and chromatin antibodies (34088); if all 5 antibodies are negative, reflex to SS-A (38568), SS-B (38569), Scl-70 (4942), and Jo-1 antibodies (5810); if all 4 of these antibodies are negative, reflex to ribosomal P (34283) and centromere B antibodies (16088)                                  | 16814     | 86038        |

<sup>a</sup> Additional panel components may be ordered separately.

<sup>b</sup> For patients with pre-existing thrombotic conditions.

<sup>c</sup> For immunocompromised patients.

Additional test options could include Hemoglobin (510); Basic Metabolic Panel (10165) which includes the following: BUN/Creatinine Ratio (296), Calcium (303), Carbon Dioxide (310), Chloride (330), Glucose (483), Potassium, Serum (733), Sodium (836), Urea Nitrogen (BUN) (294); Electrolyte Panel (34392) which includes the following: Carbon Dioxide (310), Chloride (330), Potassium, Serum (733), and Sodium (836)

| Suspected respiratory or SARS-CoV-2 (COVID-19) infection tests  | Test code | CPT code(s)                        |
|---|-----------|------------------------------------|
| <b>SARS-CoV-2 RNA (COVID-19) and Influenza A and B, Qualitative NAAT<sup>a</sup></b><br>Includes SARS-CoV-2 RNA (COVID-19); Qualitative NAAT (39448); Influenza A and B, RNA Qualitative Real-Time PCR (16086)  | 31688     | 87636                              |
| <b>SARS-CoV-2 RNA (COVID-19) and Respiratory Pathogen Panel, Qualitative NAAT<sup>a</sup></b><br>Includes SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (39448); Respiratory Pathogen Panel (37444)   | 31687     | 87633 + HCPCS: U0003, 87486, 87581 |
| <b>SARS-CoV-2 RNA (COVID-19) and Respiratory Viral Panel, Qualitative NAAT<sup>a</sup></b><br>Includes SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (39448); Respiratory Viral Panel (95512)   | 31686     | 87633 + HCPCS: U0003               |
| <b>SARS-CoV-2 RNA (COVID-19), Qualitative NAAT</b>  | 39448     | 87635 (HCPCS: U0003)               |
| <b>Influenza A and B RNA, Qualitative Real-Time PCR</b>   | 16086     | 87502                              |
| <b>Influenza A and B and RSV RNA, Qualitative, Real-Time RT-PCR</b><br>Includes Influenza A and B RNA, Qualitative Real-Time PCR (16086); Respiratory Syncytial Virus (RSV) RNA, Qualitative Real-Time PCR (16047)  | 91989     | 87631                              |
| <b>Respiratory Viral Panel, PCR<sup>a</sup></b><br>Includes Adenovirus DNA, Qualitative, Real-Time PCR (16046); Human Metapneumovirus RNA, Qualitative, Real-Time PCR (40034); Influenza A and B, RNA, Qualitative Real-Time PCR (16086); Influenza A and B Virus with Subtyping, Real-Time PCR (91335); Parainfluenza Virus Antigen Detection, DFA (39494); Rhinovirus RNA, Real-Time PCR (40035); RSV RNA, Qualitative Real-Time PCR (16047)  | 95512     | 87633                              |
| <b>Respiratory Pathogen Panel<sup>a</sup></b><br>Includes Adenovirus DNA, Qualitative, Real-Time PCR (16046); <i>Chlamydia pneumoniae</i> ; Coronavirus 229E; Coronavirus OC43; Coronavirus NL63; Coronavirus HKU1; Human Bocavirus; Human Metapneumovirus RNA, Qualitative, Real-Time PCR (40034); Influenza A and B, RNA, Qualitative Real-Time PCR (16086); Influenza A and B Virus with Subtyping, Real-Time PCR (91335); <i>Mycoplasma pneumoniae</i> (659); Parainfluenza Virus (Types 1, 2, 3, and 4) RNA, Qualitative, Real-Time PCR (91228); Rhinovirus RNA, Real-Time PCR (40035); RSV RNA, Qualitative Real-Time PCR (16047) | 37444     | 87633, 87486, 87581                |

| Post-SARS-CoV-2 (COVID-19) infection tests <sup>d</sup>  | Test code | CPT code(s) |
|--|-----------|-------------|
| <b>CBC (Includes Differential and Platelets)<sup>a</sup></b><br>Includes Hemoglobin (510); MCV; MCH; MCHC; MPV; Platelet Count, EDTA (723); Red Blood Cell Count (783); RDW; White Blood Cell Count (937)  | 6399      | 85025       |
| <b>Comprehensive Metabolic Panel<sup>a</sup></b><br>Includes Albumin (223); Albumin/Globulin Ratio (calculated); Alkaline Phosphatase (234); Alanine Aminotransferase (823); Aspartate Aminotransferase (822); Bilirubin, Total (287); BUN/Creatinine Ratio (296); Calcium (303); Carbon Dioxide (310); Chloride (330); Creatinine with GFR Estimated; Globulin (calculated); Glucose (483); Potassium, Serum (733); Sodium (836); Protein, Total and Protein Electrophoresis (747); Urea Nitrogen (BUN) (294) | 10231     | 80053       |
| <b>Hemoglobin A1c</b>  | 496       | 83036       |
| <b>Lipid Panel, Standard<sup>a</sup></b><br>Includes Cholesterol, Total (334); Cholesterol and HDL Cholesterol with Ratio (7432); Direct LDL (8293); HDL Cholesterol (608); Non-HDL Cholesterol (calculated); Triglycerides (896)  | 7600      | 80061       |
| <b>Vitamin D, 25-Hydroxy, Total, Immunoassay</b>   | 17306     | 82306       |
| <b>SARS-CoV-2 Antibody (IgG), Spike, Semi-Quantitative</b>   | 34499     | 86769       |
| <b>D-Dimer, Quantitative</b>   | 8659      | 85379       |

<sup>a</sup> Additional panel components may be ordered separately.

<sup>d</sup> Additional cardiology, neurology, oncology, drug monitoring, and infectious disease testing determined upon referral to specialist to address organ-specific conditions.



Contact your Quest Diagnostics sales representative by calling **1.866.MY.QUEST** (1.866.697.8378), or visit [QuestDiagnostics.com/COVIDCare](https://www.questdiagnostics.com/COVIDCare)

#### Influenza A and B and SARS-CoV-2 panel test information

- This test has not been FDA cleared or approved;
- This test has been authorized by FDA under an EUA for use by authorized laboratories;
- This test has been authorized only for the simultaneous qualitative detection and differentiation of nucleic acid from SARS-CoV-2, influenza A virus, and influenza B virus, and not for any other viruses or pathogens; and
- This test is 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-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

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 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-19 under 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. Yelin D, Wirtheim E, Vetter P, et al. Long-term consequences of COVID-19: research needs. *Lancet Infect Dis*. 2020;20(10):1115-1117. doi:10.1016/S1473-3099(20)30701-5
2. Couzin-Frankel J. From 'brain fog' to heart damage, COVID-19's lingering problems alarm scientists. *Science*. Published July 31, 2020. Accessed September 22, 2020. doi:10.1126/science.abe1147

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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