

# KNOWING your patients' needs in a COVID-19 world

## Lingering COVID-19 effects for recovering patients



POST-COVID-19 CARE:

### Barbara<sup>a</sup>

- 66-year-old female who has led a fairly active lifestyle
- Prior to the pandemic, she never delayed or missed an annual physical
- Lifelong severe asthmatic
- Mother passed away from pulmonary embolism

Barbara, like many Americans, cancelled her annual physical due to COVID-19. She was diagnosed with COVID-19 and recovered at home. However, a month after her diagnosis, Barbara visits her healthcare provider because she still has lingering effects from COVID-19, which have been worsening of late:



Fatigue



Shortness of breath



Sometimes experiences an irregular heartbeat

<sup>a</sup> Profiles are fictitious and not based upon a real individual. Quest Diagnostics does not represent or warrant that the facts in this case study constitute medical advice or endorsement of a particular method of treatment.



While Barbara may not have required care during her past or present infection, she may benefit from additional care and monitoring as the above symptoms continue to impact her health and daily lifestyle.

## COVID-19's downstream impact on patient care

At nearly all levels of the US healthcare ecosystem, the COVID-19 pandemic is impacting the delivery of patient care. New findings suggest a significant number of patients are putting off the medical care they may need—including preventive and chronic care—due to fear and other barriers. This could have potentially devastating consequences for their health.<sup>1</sup>



**3 in 5**

US adults have **avoided or delayed in-person care** during the pandemic<sup>1</sup>



**1 in 3**

Americans with a chronic health condition say their **condition has gotten worse** since the pandemic began<sup>1</sup>



**2 in 5**

Americans are somewhat/very **concerned they may have an undiagnosed health condition**<sup>1</sup>

## Post–SARS-CoV-2 (COVID-19) infection care

Increasingly, research shows many patients post–SARS-CoV-2 (COVID-19) are challenged by symptoms initially unrelated to the virus itself.<sup>2,3</sup> Common symptoms—including fatigue, shortness of breath, heart palpitations, mood swings, and more—can remain weeks and months following infection.<sup>2,3</sup>

Post–SARS-CoV-2 (COVID-19) infection lab testing helps to provide clear, actionable insights into a patient’s health as they recover from the virus. Targeted testing that aligns to conditions that may manifest in patients recovering from a SARS-CoV-2 (COVID-19) infection can help identify potentially serious conditions and complications that may require additional, specialized care.

Healthcare providers may consider a variety of testing approaches based on the needs of individual patients. Below are some of the tests practitioners may find helpful in developing a better understanding of their patients’ current health status.

Post–SARS-CoV-2 (COVID-19) infection tests <sup>b</sup>	Test code	CPT code
<b>CBC (Includes Differential and Platelets)<sup>c</sup></b> 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>c</sup></b> 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>c</sup></b> 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>b</sup> Additional cardiology, neurology, oncology, drug monitoring, and infectious disease testing determined upon referral to specialist to address organ-specific conditions.

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

Quest Diagnostics is committed to helping you and your patients understand the impact COVID-19 may have, and assisting you in making informed decisions about returning to care.



Learn more at [QuestDiagnostics.com/COVIDCare](https://QuestDiagnostics.com/COVIDCare)

- The antibody tests have not been FDA cleared or approved;
- The antibody tests have been authorized by FDA under an EUA for use by authorized laboratories;
- The antibody tests have been authorized only for the detection of IgG antibodies against SARS-CoV-2, not for any other viruses or pathogens; and,
- The antibody 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.

The IgG 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. Results are for the detection of SARS-CoV-2 antibodies. IgG 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 test 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 results of this semi-quantitative test should not be interpreted as an indication or degree of immunity or protection from reinfection.
- Positive results may occur after COVID-19 vaccination, but the clinical significance of a positive antibody result for individuals that have received a COVID-19 vaccine is unknown.
- The performance of the test has not been established in COVID-19 vaccines,
- The clinical significance of a negative antibody result for individuals that have received a COVID-19 vaccine is unknown.

### References

1. New Quest Diagnostics Health Trends™ survey reveals COVID-19 testing hesitancy among Americans, with 3 of 4 avoiding a test when they believed they needed one. News release. Quest Diagnostics. December 9, 2020. Accessed December 9, 2020. <https://newsroom.questdiagnostics.com/2020-12-09-New-Quest-Diagnostics-Health-Trends-TM-Survey-Reveals-COVID-19-Testing-Hesitancy-Among-Americans-With-3-of-4-Avoiding-a-Test-When-They-Believed-They-Needed-One>
2. 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
3. Couzin-Frankel J. From ‘brain fog’ to heart damage, COVID-19’s lingering problems alarm scientists. *Science*. Printed July 31, 2020. Accessed September 4, 2020. doi:10.1126/science.abe1147

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

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.

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