Quest Diagnostics®

POWERING A RETURN TO CARE

As patients begin returning to care, we are faced with a secondary health crisis within the COVID-19 pandemic—deferred care.

Dramatic reductions in diagnoses of cardiovascular disease,[1] cancer,[2] sexually transmitted infections (STIs),[3] diabetes,[4] and many other conditions illustrate how patients may be returning to care sicker, or at greater risk for undiagnosed conditions.

Overcome deferred care for better patient health

Quest Diagnostics is powering a return to care by encouraging healthcare providers (HCPs) to leverage laboratory testing to help patients take back control of their health and live healthier lives after the pandemic.

Combat the impact of deferred care with laboratory testing at 3 key touchpoints in the patient journey:

- **Undiagnosed conditions**
- **Baseline/routine testing**
- **Post–SARS-CoV-2 (COVID-19) testing**

POWERING TELEHEALTH VISITS with lab testing

Quest Diagnostics is supporting telehealth visits with a complete portfolio of laboratory test solutions—3-click test ordering, convenient blood draw locations, and simple-to-interpret results—all designed to help you diagnose, monitor, and care for patients. Patients can have their lab testing done at any one of our 2,250+ Patient Service Centers across the country, including CVS and Walmart sites for added convenience.

EMPOWERING HCPs
to help reverse the impact of deferred care

Undiagnosed conditions due to deferred care

Targeted screening tests for key conditions including cardiovascular disease, STIs, and cancer have significantly decreased from prepandemic levels.[2,3,5] Delayed routine screenings place patients at greater risk of worsening outcomes due to conditions being diagnosed at a later stage.

For patients presenting with possible new, undiagnosed conditions due to deferred care, laboratory testing is a critical tool to illuminate a care pathway forward.

HCPs may want to monitor patients for:

- Diabetes
- Cardiac conditions
- Sexually transmitted infections (STIs)
- Cancer, including cervical and colorectal
- Drug misuse
- Chronic kidney disease
- Vitamin D deficiency
- Hypo- and hyperthyroidism

60%

of Americans have **deferred care** during the COVID-19 pandemic[6]

41%

are concerned they may have an **undiagnosed health condition**[6]

Baseline/routine care

Routine lab testing—which is regularly ordered during primary care visits—is an important tool for developing a baseline understanding of your patient's health. These tests play an important role in uncovering abnormalities that may warrant additional testing to identify any undiagnosed conditions due to deferred care.

There are a variety of testing approaches available based on the needs of individual patients. Some tests providers may find helpful in developing a better understanding of a patient's current health status include:

- Complete Blood Count (CBC), including Differential and Platelets
- Comprehensive Metabolic Panel (CMP)
- Basic Metabolic Panel
- Hemoglobin A1c (HbA1c)
- Lipid Panel, Standard
- Vitamin D, 25-Hydroxy, Total, Immunoassay
- SARS-CoV-2 Serology (COVID-19) Antibodies (IgG, IgM), Immunoassay
- Anti-nuclear Antibody (ANA) Screen, IFA,Reflex Titer/ Pattern, Reflex Multiplex 11 Ab Cascade with IdentRA®
- ANA Screen, IFA, with Reflex to Titer and Pattern
- ANA Screen, IFA, with Reflex to Titer and Pattern and Reflex to Multiplex 11 Antibody Cascade

For patients with preexisting thrombotic conditions:

- D-Dimer, Quantitative
- Prothrombin with INR and Partial Thromboplastin Times (PT/aPTT)

For patients presenting with clinical symptoms consistent with a possible autoimmune disease:

- Anti-nuclear Antibody (ANA) Screen, IFA, with Reflex to Titer and Pattern and Reflex to Multiplex 11 Antibody Cascade

21%

decrease in primary care visits
during the COVID-19 pandemic[7]

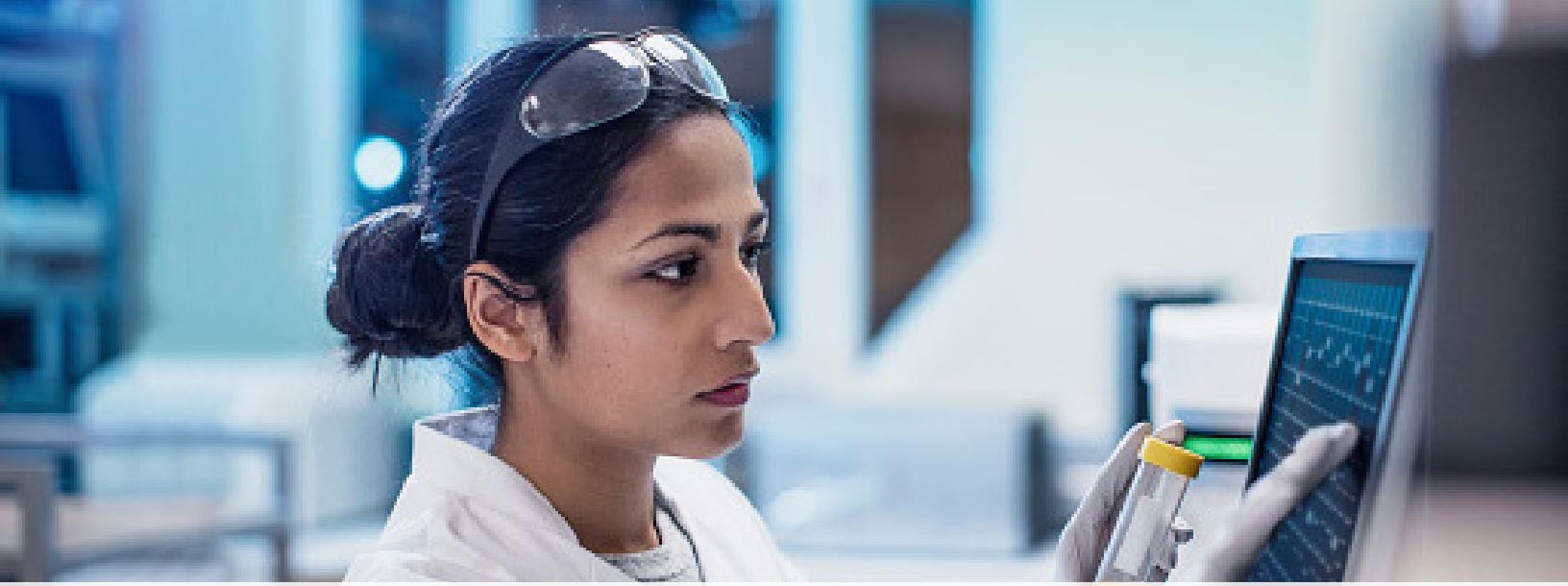
Post-COVID-19 complications

Studies and observational findings are demonstrating that many COVID-19 survivors experience significant new health challenges during or after their recovery period,[8-10] with 76% of patients reporting at least 1 lingering symptom 6-months post-SARS-CoV-2 (COVID-19) infection.[8]

Symptoms that appear post-infection can be generic, and often overlap with multiple conditions. Targeted testing that aligns to conditions that may manifest in patients recovering from a SARS-CoV-2 (COVID-19) infection can help identify the cause and inform an appropriate treatment plan.

Conditions/systems HCPs may want to monitor to uncover new conditions due to a SARS-CoV-2 (COVID-19) infection include:

- Infectious disease and immunology
- Cardiometabolic
- Coagulopathy
- Oncology
- Neurology
- Women's health
- Drug monitoring



Whether your patients are presenting with new, undiagnosed conditions due to deferred care or a SARS-CoV-2 (COVID-19) infection, Quest Diagnostics provides the right testing solutions for you to consider to help them get their health back on track. There are a variety of testing approaches available based on the needs of individual patients. Below are some of the tests HCPs may find helpful in developing a better understanding of a patient's current health status.

Baseline/routine tests	Test code	CPT code(s)
CBC (Includes Differential and Platelets)[a] Includes Hemoglobin (510); MCV; MCH; MCHC; MPV; Platelet Count, EDTA (723); Red Blood Cell Count (783); RDW; White Blood Cell Count (937)	6399	85025
Comprehensive Metabolic Panel[a] 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); Cholride (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
Basic Metabolic Panel[a] Includes BUN/Creatinine Ratio (calculated) (296); Calcium (303); Carbon Dioxide (310); Chloride (330); Creatinine with GFR Estimated, Glucose (483); Potassium, Serum (733); Sodium (836); Urea Nitrogen (BUN) (294)	10165	80048
Hemoglobin A1c	496	83036
Lipid Panel, Standard[a] 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
Vitamin D, 25-Hydroxy, Total, Immunoassay	17306	82306
SARS-CoV-2 Serology (COVID-19) Antibodies (IgG, IgM), Immunoassay	31672	86769 (x2)
ANA Screen,IFA, with Reflex to Titer and Pattern If ANA Screen, IFA is positive, then ANA Titer and Pattern will be performed at an additional charge (CPT code(s): 86039)	249	86038
Anti-nuclear Antibody (ANA) Screen, IFA with Reflex to Titer and Pattern and Reflex to Multiplex 11 Antibody Cascade[a,c] 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
ANA Screen,IFA,Reflex Titer/Pattern,Reflex Mplx 11 Ab Cascade with IdentRA®[a] Includes ANA Screen, IFA. If positive, ANA Titer and Pattern will be performed (249). Additionally, 5 antibodies will be performed: dsDNA (255); Sm/RNP (38567); RNP (19887); Sm (37923); and Chromatin (34088). If all 5 of those antibodies are negative, 4 additional antibodies will be performed: SS-A (38568); SS-B (38569); Scl-70 (4942); Jo-1 (5810). If all 4 of those antibodies are negative, the following 2 antibodies will be performed: Ribosomal P (34283); Centromere B (16088)	94954	83520, 86038, 86200, 86431
D-Dimer, Quantitative[b]	8659	85379
Prothrombin with INR and Partial Thromboplastin Times (PT/aPTT)[a,b] Includes PT/INR (8847); aPTT (763)	4914	85610, 85730

[a] Additional panel components may be ordered separately.

[b] For patients with pre-existing thrombotic conditions.

[c] For immunocompromised patients.

Infectious Disease/Immunology tests	Test code	CPT code(s)
Hepatitis C Viral RNA, Quantitative, Real-Time PCR	35645	87522
ANA Screen,IFA,Reflex Titer/Pattern,Reflex Mplx 11 Ab Cascade with IdentRA®[a] Includes ANA Screen, IFA. If positive, ANA Titer and Pattern will be performed (249). Additionally, 5 antibodies will be performed: dsDNA (255); Sm/RNP (38567); RNP (19887); Sm (37923); and Chromatin (34088). If all 5 of those antibodies are negative, 4 additional antibodies will be performed: SS-A (38568); SS-B (38569); Scl-70 (4942); Jo-1 (5810). If all 4 of those antibodies are negative, the following 2 antibodies will be performed: Ribosomal P (34283); Centromere B (16088)	94954	83520, 86038, 86200, 86431
Anti-nuclear Antibody (ANA) Screen, IFA with Reflex to Titer and Pattern and Reflex to Multiplex 11 Antibody Cascade[a,c] 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
SARS-CoV-2 RNA (COVID-19) and Influenza A and B, Qualitative NAAT[a,d] Includes SARS-CoV-2 RNA (COVID-19); Qualitative NAAT (39448); Influenza A and B, RNA Qualitative Real-Time PCR (16086)	31688	87636
SARS-CoV-2 RNA (COVID-19) and Respiratory Pathogen Panel, Qualitative NAAT[a,d] Includes SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (39448); Respiratory Pathogen Panel (37444)	31687	87633 + HCPCS: U0003, 87486, 87635 87581
SARS-CoV-2 RNA (COVID-19) and Respiratory Viral Panel, Qualitative NAAT[a,d] Includes SARS-CoV-2 RNA (COVID-19), Qualitative NAAT[c] (39448); Respiratory Viral Panel (95512)	31686	87633 + HCPCS: U0003
SARS-CoV-2 RNA (COVID-19), Qualitative NAAT[a]	39448	87635 (HCPCS: U0003)
Influenza A and B RNA, Qualitative Real-Time PCR	16086	87502
Influenza A and B and RSV RNA, Qualitative, Real-Time RT-PCR Includes Influenza A and B RNA, Qualitative Real-Time PCR (16086); Respiratory Syncytial Virus (RSV) RNA, Qualitative Real-Time PCR (16047)	91989	87631
Respiratory Viral Panel, PCR[a] 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
Respiratory Pathogen Panel[a] Includes Adenovirus DNA, Qualitative, Real-Time PCR (16046); *Chlamydophila pneumoniae*; 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); *Mycoplasma pneumoniae* (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
Allergen (IgG), ImmunoCAP®, House Dust Greer	14774	86001
QuantiFERON®-TB Gold Plus, 1 Tube	36970	86480
T-SPOT®.*TB*	37737	86481

Cardiometabolic tests	Test code	CPT code(s)
Lipid Panel, Standard	7600	80061
Cardio IQ® Lipoprotein Fractionation, Ion Mobility	91604	83704
ADMA/SDMA	94153	82542
Cardio IQ® Lp-PLA2 Activity	94218	83698
Cardio IQ® Myeloperoxidase (MPO)	92814	83876
Cardio IQ® Apolipoprotein B	91726	82172
Hemoglobin A1c	496	83036
Cardio IQ® Insulin Resistance Panel with Score	36509	83525, 84681
TSH	899	84443
Vitamin D, 25-Hydroxy, Total, Immunoassay	17306	82306
Kidney Profile Includes: Creatinine (includes eGFR); Albumin, Random Urine with Creatinine (Includes Albumin/Creatinine Ratio)	39165	82043, 82565, 82570
C-Peptide	372	84681
Insulin, Intact, LC/MS/MS	93103	83525

[a] Additional panel components may be ordered separately.

[c] For immunocompromised patients.

[d] This test could be considered where there is concern that the patient has developed COVID-19, has tested negative twice after being diagnosed with COVID-19 for purposes of determining recovery, or has relapsed or been re-infected. This test may be needed in these situations in order to determine an accurate diagnosis.

Quest Diagnostics®

Coagulopathy tests	Test code	CPT code(s)
D-Dimer, Quantitative	8659	85379
Prothrombin with INR and Partial Thromboplastin Times (PT/aPTT)[a] Includes PT/INR (8847); aPTT (763)	4914	85610, 85730
Fibrinogen Antigen, Nephelometry	37801	85385
Platelet Count, EDTA	723	85049
Lupus Anticoagulant Evaluation with Reflex If PTT-LA Screen is prolonged (>40 seconds), then Hexagonal Phase Confirmation will be performed. If Hexagonal Phase Confirmation is positive or weakly positive, then Thrombin Clotting Time (883) will be performed. If dRVVT screen is prolonged (>45 seconds), then dRVVT Confirm will be performed. If dRVVT Confirm is positive, then dRVVT 1:1 Mixing Study will be performed.	7079	85613, 85730
Heparin-Induced Platelet Antibody with Reflex to SRA, Unfractionated Heparin If Heparin-Induced Platelet Antibody is a weak positive or positive, then Serotonin Release Assay (SSA), Unfractionated Heparin (14627) will be performed.	15334	86022

Oncology tests	Test code	CPT code(s)
Fecal Globin by Immunochemistry (InSure®)	11290	82274 (HCPCS:G0328)
Hereditary Breast Cancer Panel Includes: *ATM, BRCA1* (91866), *BRCA2* (91866), *CHEK2* (93940), *CDH1* (92568), *EPCAM, MLH1 (39782), MSH2, MSH6, NBN, NF1* (93941), *PALB2* (92571), *PMS2*, *PTEN* (92566), *STK11* (92565), *TP53* (16515)	38621	81432, 81433
BRCA Panel Plus Includes *BRCA1* (91866), *BRCA2* (91866), *CDH1* (92568), *PALB2* (92571), *PTEN* (92566), *STK11* (92565), *TB53*	92587	81162, 81307, 81321, 81323, 81351, 81404, 81405, 81406, 81479
BRCA Panel (*BRCA1, BRCA2*) Includes *BRCA1* (91866), *BRCA2* (91866)	91863	81162
BRCA Ashkenazi Jewish Screen Detects 3 variants within *BRCA1* and *BRCA2* that are commonly found in the Ashkenazi Jewish population	91864	81212
BRCA Ashkenazi Jewish Screen with Reflex to BRCA Panel (*BRCA1, BRCA2*) Includes: Ashkenazi Jewish screen (91864); if negative reflex to BRCA Panel (*BRCA1* and *BRCA2*) (91863)	92140	81212
BRCA1 and *BRCA2* Deletion and Duplication	91866	81164

Neurology tests	Test code	CPT code(s)
Encephalitis Antibody Evaluation with Reflex to Titer and Line Blot, Serum Includes: A line blot consisting of 10 analytes will be performed at an additional charge (CPT codes(s): 84182 x9, 86341) as a reflex for tissue mosaic IFA suggesting one or more of the analytes on the line blot: ANNA1 (Hu), ANNA2 (Ri), PCA1 (Yo), Ma2/Ta, CV2 (CRMP5), Amphiphysin, AGNA1 (SOX1), GAD65, DNER, and Zic4. If the tissue mosaic pattern suggests ANNA3, titer will be performed at an additional charge. If the tissue mosaic pattern suggests PCA-2, titer will be performed at an additional charge. If the tissue mosaic IFA suggests PCA-Tr (DNER) and Western Blot shows DNER negative and Yo negative, then cell based assay IFA for DNER (93894) will be performed at an additional charge. If DNER CBA is positive, titer will be performed at an additional charge. If the tissue mosaic IFA suggests myelin antibody, then Myelin antibody IFA titer (4639) will be performed at an additional charge. Myelin Associated Glycoprotein (MAG) Antibody (10063), in turn reflexing to MAG-SGPG and MAG ELISA for quantitation, will be performed at an additional charge. If the Mosaic CBA is positive for any given analyte (NMDAR1, AMPAR1, AMPAR2, GABA-B Receptor, LGI-1, CASPR2), and the individual CBAs DPPX and Aquaporin 4 antibody, then that analyte will be titered at an additional charge. If DPPX is positive, titer will be performed at an additional charge. If the Aquaporin 4 (NMO, neuromyelitis optica) CBA is positive, then Aquaporin 4 CBA titer (38321) will be performed at an additional charge.	94955	86255 (x20), 86341, 83519 (x4)
Autoimmune Neurology Antibody Comprehensive Panel with Reflexes, Serum Includes: If Autoimmune Neurology Antibody Comprehensive Panel suggests NMO-5 IgG, then Aquaporin-4 Antibody will be performed at an additional charge. If Aquaporin-4 Ab is positive, then titer will be performed. If Autoimmune Neurology Antibody Comprehensive Panel suggests ANNA-3, the titer will be performed. If Autoimmune Neurology Antibody Comprehensive Panel suggests PCA2, then titer will be performed. If Autoimmune Neurology Antibody Comprehensive Panel suggests PCA-Tr and Paraneoplastic Ab, WB shows DNER negative and Yo Negative, then DNER, Ab, IFA will be performed. If DNER, Ab, IFA is positive, then a titer will be performed. If Autoimmune Neurology Antibody Comprehensive Panel suggests Myelin Antibody, then Myelin Ab titer will be performed, and Myelin Assoc. Glycoprotein (MAG) Antibody w/Reflex to MAG-SGPG & MAG, EIA will be performed. If MAG Antibody (IgM), Western Blot is positive, then both MAG-SGPG Antibody (IgM), EIA and MAG Antibody (IgM), EIA will be performed. If NMDAR1 Ab is positive, then a titer will be performed. If AMPAR1 Ab is positive, then a titer will be performed. If AMPAR2 Ab is positive, then a titer will be performed. If LGI-1 Ab is positive, then a titer will be performed. If CASPR2 Ab is positive, then a titer will be performed. If DPPX Ab is positive, then a titer will be performed. If GABA-B Receptor Ab is positive, then a titer will be performed. If AChR Binding is Negative, then AChR Modulating Ab will be performed. If AChR Binding is Positive (,≥0.50), then AChR Blocking Ab will be performed. If AChR Binding is Equivocal (0.31-0.49), then both AChR Blocking and AChR Modulating will be performed. If Anti-Striated Muscle Ab Screen is Positive, then Anti-Striated Muscle Ab Titer will be performed.	93888	86255 (x20), 86341 (x2), 84182 (x11), 83519 (x5)

[a] Additional panel components may be ordered separately.

Neurology tests continued	Test code	CPT code(s)
Myasthenia Gravis Panel 2 with Reflex to MuSK Antibody[a] Includes Acetylcholine Receptor Blocking Antibody (34459); Acetylcholine Receptor Binding Antibody (206); Acetylcholine Receptor Modulating Antibody (26474); If AChR blocking is <15% of inhibition, AChR binding is ,≤0.30 nmol/L, and AChR modulating is <32% binding inhibition, then MuSK Antibody Test will be performed (18842)	93859	83519 (x3)
Sensory-Motor Neuropathy Complete Antibody Panel[a] Includes: ANA Screen,IFA, with Reflex to Titer and Pattern (249). If ANA Screen, IFA is positive, then ANA Titer and Pattern will be performed. ANCA Screen with Reflex to ANCA Titer (70171). If ANCA Screen is positive, then C-ANCA Titer and/or P-ANCA Titer, and/or atypical P-ANCA Titer will be performed. Cryoglobulin Screen with Reflex to Cryoglobulin Reflex (37358). If Cryoglobulin Screen is positive, then Cryoglobulin Reflex will be performed at an additional charge. Ganglioside Asialo-GM-1 Antibodies (IgG, IgM), EIA. Ganglioside GD1a Antibodies (IgG, IgM), EIA. Ganglioside GD1b Antibodies (IgG, IgM), EIA. Ganglioside GM-1 Antibodies (IgG, IgM), EIA (37093). Ganglioside GQ1b Antibody (IgG), EIA (34144). Hu Antibody Screen with Reflex to Titer and Western Blot (37053). If Hu Antibody Screen, IFA is positive, then Hu Antibody, WB will be performed. If Hu Antibody, WB is positive, then Hu Antibody Titer will be performed. Immunofixation (IFE), Serum (549). Immunoglobulins (IgG, IgA and IgM) (7083). If IgA, Serum is abnormal, then Tissue Transglutaminase (tTG) Antibody (IgG) will be performed (11070). Myelin Associated Glycoprotein (MAG) Antibody, with Reflex to MAG-SGPG and MAG, EIA (10063). If MAG Antibody (IgM), WB is positive, then MAG-SGPG Antibody (IgM), EIA (37078) and MAG Antibody (IgM), EIA, (37438) will be performed at an additional charge. Myeloperoxidase Antibody (MPO) (8796). Proteinase-3 Antibody (34151). Rheumatoid Factor (4418). Sjögren's Antibodies (SS-A, SS-B) (7832). Tissue Transglutaminase (tTG) Antibody (IgA) (8821). If (tTG) Antibody (IgA) is positive (>8), then Endomysial Antibody Screen (IgA) with Reflex to Titer (15064) will be performed. If Endomysial Antibody Screen (IgA) is positive, then Endomysial Antibody Titer will be performed.	90136	84181, 86255, 82595, 86334, 82784 (x3), 86431, 86235 (x2), 86038, 86021 (x3), 83516, 83520 (x9)
Sensory-Motor Neuropathy Antibody Panel (Ganglioside)[a] Includes: Ganglioside GM-1 Antibodies (IgG, IgM), EIA (37093); Ganglioside GD1a Antibody (IgG, IgM), EIA; Ganglioside GD1b Antibody (IgG, IgM), EIA; Ganglioside GQ1b Antibody (IgG), EIA (34144); Ganglioside Asialo-GM-1 Antibody (IgG, IgM), EIA	90129	83520 (x9)

Women's health tests	Test code	CPT code(s)
Chlamydia/Neisseria gonorrhoeae RNA, TMA, Urogenital[a] Includes: *Chlamydia trachomatis* RNA, TMA, Urogenital (11361); *Neisseria gonorrhoeae* RNA, TMA, Urogenital (11362)	11363	87491, 87591
SureSwab®, CT/NG, *T. vaginalis*[a] *Chlamydia/Neisseria gonorrhoeae* RNA, TMA, Urogenital (11363); SureSwab, ***Trichomonas vaginalis*** RNA, Qualitative, TMA (19550)	16492	87491, 87591, 87661
Image-Guided Pap with Age-Based Screening Protocols[a] Includes: Patients aged 21 to 24: If the Pap result is ASC-US then the HPV mRNA assay will be performed (90887). *Chlamydia/Neisseria gonorrhoeae* RNA, TMA, Urogenital will also be performed (11363). Patients aged 25 to 29: If the Pap result is ASC-US then the HPV mRNA assay will be performed (90887). Patients aged 30 to 65: If the Pap result is negative and the HPV mRNA assay (90887) is positive (detected), then HPV mRNA Genotypes 16, 18/45 will be performed (91826). Pap results requiring physician interpretation will be performed at an additional charge (CPT Code(s): 88141; HCPCS: G0124).	91384	88175
QNatal® Advanced Includes: Trisome 21, 18 and 13, as well as fetal sex. Also, when a clear result is seen, fetal sex aneuploidies and select microdeletions (22q, 15q, 11q, 8q, 5p, 4p, 1p36) will be reported as additional findings.	92777	81420
QHerit™ Expanded Carrier Screen[a] Includes: HBA1/HBA2 (Alpha-Globin Gene Deletion or Duplication (16124)), HBB, BLM, ASPA, DLD (Dihydrolipoamide Dehydrogenase (DLD) Deficiency (92046)), *IKBKAP, ABCC8* (Familial Hyperinsulinism (92045)), *FANCC, BGBA, GSDIA/G6PC, TMEM216* (Joubert Syndrome (92050)); MSUD (Maple Syrup Urine Disease Mutation Analysis (90909)); *MCOLN1, NEB* (Nemaline Myopathy (92055)); *SMPD1, HEXA* (16612), *PCDH15* (Usher Syndrome Type IF (92047)); *CLRN1* (Usher Syndrome Type IIIA (92048)); *FKTN* (Walker-Warburg Syndrome (92051)); *CFTR, FMR1, SMN1/SMN2*	94372	81443, 81243
ThinPrep® Imaging System Pap	58315	88175
ThinPrep® Pap	35455	88142 (HCPCS: G0123)

Drug monitoring tests

Quest Diagnostics clinical drug monitoring services include an extensive menu of presumptive and definitive urine testing and serum testing for prescription pain medications, other controlled substances, and illicit drugs.

[a] Additional panel components may be ordered separately.

Get patients tested. Get patients diagnosed. Get patients back to better health.

Visit **QuestReturnToCare.com** or contact your Quest Diagnostics sales representative to get started.

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.

Molecular test information

- The Quest Diagnostics molecular test and other authorized molecular tests (together the "molecular tests") have not been FDA cleared or approved;
- The molecular tests have been authorized by FDA under an EUA for use by authorized laboratories;
- The molecular tests have been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens; and,
- The molecular 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.

IgG and IgM serology test information

The IgG and IgM 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 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.

IgG antibody test information:

- 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.

IgM serology 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 presence of IgM antibodies against SARS-CoV-2, 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 Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

References

1. American College of Cardiology. Studies highlight increase in CVD deaths, reduction in diagnoses during COVID-19 pandemic. January 11, 2021. Accessed April 26, 2021. https://www.acc.org/latest-in-cardiology/articles/2021/01/11/20/03/studies-highlight-increase-in-cvd-deaths
2. Kaufman HW, Chen Z, Niles J, Fesko Y. Changes in the number of US patients with newly identified cancer before and during the coronavirus disease 2019 (COVID-19) pandemic. *JAMA Netw Open.* 2020;3(8):e2017267. doi:10.1001/jamanetworkopen.2020.17267
3. Stulpin, C. Pandemic causes 'mass disruptions' in STI field. Infectious Disease News. November 23, 2020. Accessed April 26, 2021. https://www.healio.com/news/infectious-disease/20201116/pandemic-causes-mass-disruptions-in-std-field
4. Carr MJ, Wright AK, Leelarathna L, et al. Impact of COVID-19 on diagnoses, monitoring and mortality in people with type 2 diabetes: a UK-wide cohort study involving 14 million people in primary care. *medRxiv*. Epub February 14, 2021. doi:10.1101/2020.10.25.20200675
5. Einstein AJ, Shaw LJ, Hirschfeld C, et al. International impact of COVID-19 on the diagnosis of heart disease. *J Am Coll Cardiol.* 2021;77(2):173-185. doi:10.1016/j.jacc.2020.10.054
6. 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. Quest Diagnostics. News release. 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
7. Alexander GC, Tajanlangit M, Heyward J, et al. Use and content of primary care office-based vs telemedicine care visits during the COVID-19 pandemic in the US. *JAMA Netw Open.* 2020;3(10):e.2021476. doi:10.1001/jamanetworkopen.2020.21476
8. Cortinovis M, Perico N, Remuzzi G. Long-term follow-up of recovered patients with COVID-19. *Lancet.* 2021;397(10270):173-175. doi:10.1016/S0140-6736(21)00039-8
9. 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
10. Couzin-Frankel J. From 'brain fog' to heart damage, COVID-19's lingering problems alarm scientists. *Science.* Published July 31, 2020. Accessed April 29, 2021. 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."

Image content features models and is intended for illustrative purposes only.

QuestDiagnostics.com

POWERING AFFORDABLE CARE SINCE 1967

Quest Diagnostics®