

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

## Overcoming deferred care to better understand a patient's health

### DEFERRED CARE:

## Steve<sup>a</sup>

- 49-year-old male who suffers from high blood pressure and diabetes
- Daily smoker
- Has not been physically active during the pandemic
- Family history of heart disease

Steve, like many Americans, cancelled his annual physical due to COVID-19. He is worried about COVID-19 exposure and is hesitant to come into the office. However, he's noticed some concerning symptoms that have been worsening of late:



Gained 15 pounds over the pandemic despite a lack of appetite



Is constantly tired

<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.



Steve's preexisting conditions require regular monitoring. Understanding his baseline health is critical, as diabetes can often be self-managed<sup>1</sup>—but his symptoms suggest his condition could be worsening.

## A secondary COVID-19 healthcare crisis: deferred 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>2</sup>



## 3 in 5

US adults have **avoided or delayed in-person care** during the pandemic<sup>2</sup>



## 1 in 3

Americans with a chronic health condition say their **condition has gotten worse** since the pandemic began<sup>2</sup>



## 2 in 5

Americans are somewhat/very **concerned they may have an undiagnosed health condition**<sup>2</sup>

## 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 key insights can help identify and monitor any underlying conditions. This is especially important for patients who may develop a SARS-CoV-2 (COVID-19) infection, as some preexisting conditions<sup>3</sup> may place a patient at higher risk for complications if they become infected.

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.

Baseline/routine tests <sup>b</sup>	Test code	CPT code(s)
<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); Cholesterol (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<sup>d</sup></b>	8659	85379
<b>Prothrombin with INR and Partial Thromboplastin Times (PT/aPTT)<sup>d</sup></b> 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>e,e</sup></b> 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>b</sup> 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).

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

<sup>d</sup> For patients with preexisting thrombotic conditions.

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

**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://www.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. Prevent complications. Centers for Disease Control and Prevention. Updated August 1, 2019. Accessed January 22, 2021. <https://www.cdc.gov/diabetes/managing/problems.html>
2. 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>
3. People with certain medical conditions. Centers for Disease Control and Prevention. Updated December 29, 2020. Accessed January 21, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-underlying-medical-conditions.html>

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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