

California Thoracic Society
Suggested Template (Your Name Here)

COVID-19-Office Policy APR 1, 2020

It is of paramount importance to minimize exposure in order to protect the health of our staff and provide a safe work environment. To ensure this, we will implement the following immediately:

- a. **Messaging:** on phone system, please include a message that patients with any fever and respiratory symptoms should NOT directly come to the office and await further instructions from the physician.
- b. If you **answer the call**, ask about travel, exposures, duration of symptoms, fever, cough, shortness of breath or risk factors for severe disease.* If you determine via telephone/video or text-triage that the patient requires urgent attention, please bring this to the attention of the physician and we will direct the pt. We will need to notify the receiving facility in advance so appropriate PPE can be used.

The Centers for Disease Control and Prevention (CDC) regularly revises its criteria and guidelines for healthcare professionals when assessing persons under investigation (PUI) as potential cases of COVID-19 due to the novel coronavirus SARS-CoV-2. The following FAQ is intended to answer the most common questions asked by healthcare staff:

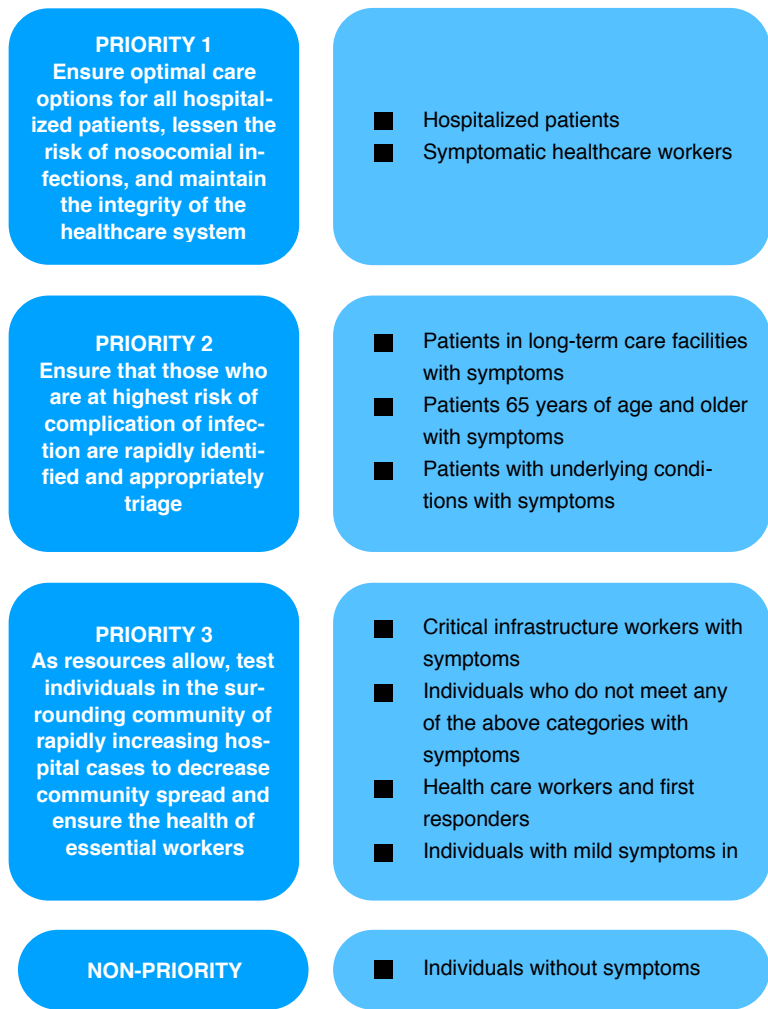


Question: Who should we be testing for COVID-19?

Criteria to Guide Evaluation and Laboratory Testing for COVID-19 (by CDC)

The decision to test for COVID-19 depends on the presence of risk factors, symptoms, severity of illness as well as local variables including availability of testing kits and whether or not the area is experiencing sustained community transmission. In the absence of sustained community transmission, the strategy is one of “containment”, aimed at delaying the introduction and spread of SARS-CoV-2. In contrast, in areas with sustained community transmission, the strategy shifts from containment to mitigation so as to conserve and best allocate public health resources to maximize benefit. The CDC has established [priority categories](#) to help guide decision-making. Please check with your local health departments for specific recommendations.

Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza and other respiratory viruses.



Q: What do I do if I have a patient at risk for COVID-19 exposure?

Out-Patient/Office Setting:

Advise patients to call first so that you can assess their symptoms and need for medical attention versus testing alone. Most community settings do not have negative pressure isolation rooms where patients can await test results; however many hospitals and local governments have instituted drive through testing. Depending upon severity of illness, you may wish to direct your patient to a hospital setting where there is adequate PPE and monitoring available. If the hospital system is overwhelmed, it is advised for you to have proper PPE for you and your staff members (N-95 mask, eye protection, disposable gowns and nitrile gloves) and a means for red-bag disposal. Some offices are meeting the patient at their car in order to minimize exposures and risks.

Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness. Asymptomatic and other mildly ill patients should be encouraged to stay home and contact us by phone for guidance about clinical management and testing. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately but should *call first* so appropriate PPE can be used to meet the patient.

On March 30, 3030 CDC separated risk categories depending on travel versus community exposure:

For international and cruise ship travelers:

Exposure	Recommended Precautions
<p>Travel from a country with wide-spread ongoing transmission*</p> <p>Travel on a cruise ship or river boat</p>	<ul style="list-style-type: none">■ Stay home until 14 days after arrival and maintain a distance of at least 6 ft (2 meters) from others■ Self-monitor for symptoms<ul style="list-style-type: none">○ <i>check temperature twice a day</i>○ watch for fever, cough, shortness of breath■ Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)■ follow CDC guidance if symptoms develop
<p>Travel from a country with ongoing community transmission</p>	<ul style="list-style-type: none">■ Practice social distancing<ul style="list-style-type: none">■ Maintain a distance of at least 6 ft (2 meters) from others■ Stay out of crowded places■ Be Alert for symptoms<ul style="list-style-type: none">○ Watch for fever, cough, shortness of breath○ Take temperature if symptoms develop■ Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)■ follow CDC guidance if symptoms develop

*As of March 27, 2020, this includes [all countries](#).

People in US communities Exposed to a Person with Know or Suspected COVID-19, other than Health-care Workers or other Critical Infrastructure Workers.

Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none">◆ Household member◆ intimate partner ◆ Individual providing care in a household without using recommended infections control precautions ◆ Individual who has had close contact (<6 ft) for a prolonged period of time	<p>Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission)</p>	<ul style="list-style-type: none">■ Stay home until 14 days after last exposure and maintain a distance of at least 6 ft (2 meters) from others at all times■ Self-monitor for symptoms<ul style="list-style-type: none">● <i>check temperature twice a day</i>● watch for fever, cough, shortness of breath■ Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)■ follow CDC guidance if symptoms develop
<p>All US residents other than those with a known risk</p>	<p>Possible unrecognized COVID-19 exposures in US communities</p>	<ul style="list-style-type: none">● Be alert for symptoms● Practice social distancing<ul style="list-style-type: none">● maintain a distance of at least 6 ft (2 meters) from others at all times● Stay out of crowded places

Q: What specimens should be submitted for testing?

For initial diagnostic testing for COVID-19, a **Nasopharyngeal specimen is the preferred choice for swab-based SARS-CoV-2 testing**. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:

- An oropharyngeal (OP) specimen collected by a healthcare professional, or
- A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
- An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab). CDC also recommends testing lower respiratory tract specimens, if available.

For NS, a single polyester swab with a plastic shaft should be used to sample both nares. NS or NMT swabs should be placed in a transport tube containing either viral transport medium, Amies transport medium, or sterile saline.

If both NP and OP swabs both are collected, they should be combined in a single tube to maximize test sensitivity and limit testing resources

Specimen quality plays a critical role in determining testing sensitivity:

- Nasopharyngeal swab (NP) /oropharyngeal swab (OP)
- Use only *synthetic* fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
- Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. In general CDC is now recommending collecting only the NP swab. If both swabs are used, NP and OP specimens should be combined at collection into a single vial. OP swabs remain an acceptable specimen type.
- Nasopharyngeal swab: Insert a swab into nostril parallel to the palate. Swab should reach depth equal to distance from nostrils to outer opening of the ear. Leave swab in place for *several seconds* to absorb secretions. Slowly remove swab while rotating it.
- Oropharyngeal swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue.

CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is **not** recommended. Specimens should be collected as soon as possible once a person has been identified for testing, regardless of the time of symptom onset.

See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs <https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html> .

Recommendations for Reporting

If using LabCorp or Quest for testing, reporting will be done via the lab if a case is positive and a PUI can be completed as with other reportable conditions.

Q: What Diagnosis and Billing codes do I use?

from WHO	• An emergency ICD-10 code of U07.1 is assigned to the disease diagnosis of COVID-19 (2019-nCoV acute respiratory disease) but won't be adopted in the US until 10/1/20
From CDC and AAFP	
For Testing	• ICD Code: R05-Cough, R50.9 (Fever)
For Known exposure to COVID-19	• Z20.828
After diagnosis of COVID-19	• (and ordering other tests like x-rays): J12.89 (other viral pneumonia) and B97.29 (other coronavirus)
For Follow-up of patient after negative COVID-19 test:	• Z03.811 (Encounter for observation for suspected exposure to biological agent ruled out)

Since 2018, and prior to the current epidemic, Medicare has paid for “virtual check-ins” for patients to connect with their doctors without going to the doctor’s office. These brief, virtual check-in services are for patients with an established relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). *The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service.* The Medicare coinsurance and deductible would apply to these services. Doctors and certain practitioners may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (**HCPCS code G2012**) or captured video or image (**HCPCS code G2010**).

Medicare also pays for patients to communicate with their doctors without going to the doctor’s office using online patient portals. The individual communications, like the virtual check ins, must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using **CPT codes 99421-99423 and HCPCS codes G2061-G206**, as applicable. The Medicare coinsurance and deductible would apply to these services.

Telemedicine:

On 3/17/20, CMS announced coverage of Telemedicine visits to be reimbursed at the level of Office visits. Use same E/M codes, but need #2 as place of service (instead of 11). All codes require a documented statement that reflects the nature of the telehealth service such as:

"This visit was conducted with the use of an interactive audio and video telecommunication system that permits real-time communication between patient and provider. Patient consent for this visit was obtained before the visit."

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

For synchronous video visits:

99201 - 99205	New Patient	<ul style="list-style-type: none">• Must document nature of telehealth service, i.e. Video Visit.• Reason for Visit, History, Exam and Medical Decision Making Requirements are the same as in person.
99211 - 99215	Established	

On-Line Evaluation and Management:

99421	5 - 10 minutes	<ul style="list-style-type: none">• Established patients only.• Must show patient initiated via on-line inquiry• Reason for Visit.• Must document nature of telehealth services, i.e. email.• Must document "total time".
99422	11 - 20 minutes	
99423	21 or more	

Telephone Evaluation and Management

G2012 (Medicare only)	Brief communication technology based service 5 - 10 minutes	<ul style="list-style-type: none">• Established patients only.• Must show patient initiated via on-line inquiry• Reason for Visit.• Must document nature of telehealth services, i.e. telephone• Must document "total time".
99441 (non Medicare)	5 - 10 minutes	
99442 (Non Medicare)	11 - 20 minutes	
99443 (non Medica-	21 or more	

Testing in Office (not available, but for providers linked to labs)

There are two new HCPCS codes for healthcare providers who need to test patients for Coronavirus. Providers using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic **Test Panel may bill for that test using the newly created HCPCS code (U0001). A second new HCPCS code (U0002)** can be used by laboratories and healthcare facilities to bill Medicare as well as by other health insurers

Q: How does the physician protect himself/herself while collecting specimens?

We will try to meet patients at their car for testing and preferably at the end of the clinic day. The proper PPE for specimen collection includes: Gloves, disposable gowns, N-95 respirator or **simple face mask with** Eye protection-face shield. Red hazard bag and 60% alcohol for safety and disposal.

Donning (plan to triple glove so can peel off b/n pts.):

1. Start w/hand washing
2. Gown
3. Respirator
4. Face Shield
5. Gloves
6. Hand hygiene

Doffing:

1. Hand hygiene-sanitizer
2. Remove gloves
3. Remove Face Shield
4. Remove gown
5. Respirator-outside of care area
6. Finish with hand hygiene.....It is ok to change the gloves.

Q: What if we do not have enough N-95 respirators?

Limited re-use of N95 respirators when caring for patients with COVID-19 might be necessary. However, it is unknown what the potential contribution of contact transmission is for SARS-CoV-2 and caution should be used. Re-use should be implemented according to [CDC guidance](#). Re-use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

- Minimize the number of individuals who need to use respiratory protection through the preferential use of engineering and administrative controls;
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators) where feasible;
- Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable; and
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.
- N95 Reuse may need to be assessed on a facility-to-facility basis in conjunction with local infection control authorities and resource availability. Extended use (versus reuse) is favored, given

relatively lower risks of surface contamination. Irrespective, masks may need to be discarded after aerosol generating procedures (intubation, bronchoscopies), where source control is lacking by definition.

Q: What is a Surgical N95 respirator and who needs to wear it?

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

- A surgical N95 (also referred as a medical respirator) is recommended only for use by healthcare personnel (HCP) who need protection from both airborne and fluid hazards (e.g., splashes, sprays). These respirators are not used or needed outside of healthcare settings. In times of shortage, only HCP who are working in a sterile field or who may be exposed to high velocity splashes, sprays, or splatters of blood or body fluids should wear these respirators, such as in operative or procedural settings. Most HCP caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators.
- If a surgical N95 is not available for use in operative or procedural settings, then an unvalved N95 respirator may be used with a faceshield to help block high velocity streams of blood and body fluids.

Q: If I am caring for a suspected or confirmed COVID-19 patient can I care for other patients?

Yes, at this time there is no guidance from the state or CDC that these patients need dedicated staff. If appropriate PPE was used, there is no reason staff cannot continue to work with other patients.

Q: Do I need to be in quarantined if I am caring for a COVID-19 case?

No. If the case is **confirmed** you will be given a list of symptoms to report if you should develop them within **14 days** of last caring for an active confirmed case. Although there are now healthcare workers in the U.S. with confirmed COVID-19, these were linked to care prior to identifying the patient as a suspect case and therefore staff were not following the appropriate precautions. No reported cases in Western Europe, Australia, Canada or the U.S. have been among healthcare workers who were aware of the patient's diagnosis and following precautions. You do not need to isolate yourself from loved ones, friends, family or pets unless told to do so.

Q: Outpatient Setting:

What if I or my staff are placed in quarantine status due to exposure? What are options for disability coverage?

The California Employee Development Department (EDD) is encouraging individuals who are unable to work due to exposure to COVID-19 to file a Disability Insurance claim.

EDD is also encouraging employers who are experiencing a slowdown in their businesses or services as a result of the Coronavirus impact on the economy to apply for an Unemployment Insurance work sharing program. This website has a form to download and criteria for qualification for the program. https://www.edd.ca.gov/Unemployment/Work_Sharing_Program.htm **Contact:** 916-464-3343

Resources:


1. <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>
2. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
3. <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
5. The National Ebola Training and Education Center (NETEC) has a great video on the use of coronavirus PPE including proper donning and doffing. Entire video is 18 minutes long. Section on actual use of PPE starts at around 4 minutes. <https://www.youtube.com/watch?v=bG6zISnenPg>
6. California Health Alert Network: <https://emergency.cdc.gov/han/2020/han00429.asp>
7. Guidance for the identification and management of potentially exposed contacts of a confirmed case of COVID-19 can be found in Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).
8. Separate guidance for the management of potentially exposed contacts of a COVID-19 case who are healthcare personnel is provided in Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).
9. <https://www.thoracic.org/patients/patient-resources/resources/covid-19-diagnosis-and-mgmt.pdf>
- 10.

Reviewed and approved by CTS Clinical Practice Committee

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Date: 4/2/2020

COVID-19 Concerns?

Due to risks to staff and others, it is advised you contact us via telephone  and we will discuss your clinical symptoms and advise you regarding testing.

At this time, we ask that patients refrain from 'walking-in' for your own personal safety.