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AUTHOR

THOMAS P. CONLEY

Highlights From the CDC Guidance for U.S. Ambulatory Care Settings During COVID-19

On April 7, 2020, the Centers for Disease Control and Prevention issued new guidance for outpatient and ambulatory care. While you should read the full guidance, [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#), some of the highlights are:

- Delay elective ambulatory provider visits. You should weigh the risks of postponement against the benefits (e.g. can you safely postpone prevention services that cannot be performed virtually such as routine adult immunizations, lipid screenings and cancer screenings). You do not want to put your patients to unnecessary risk, and you should consider the need to preserve staff, PPE and medical supplies.
- Utilize telemedicine if possible. Telemedicine visits should be covered by payors. Medicare will pay for telehealth services for all patients in settings for all diagnoses at the same rate as in-office visits during the emergency period. Office-based physicians should use their usual place-of-service (POS) code and include modifier 95. You may want to check with insurers to see if they will be following Medicare's lead.
- Train your personnel to conduct telephone interactions with patients, both for screening and responding to patient questions.
- Develop protocols so that your personnel can triage and assess patients prior to entering the facility or immediately upon entering.
- If possible, speak with patients before they present in your office to identify patients with respiratory symptoms that may be due to COVID-19. If patients can be managed at home by telephone, advise them to stay home and provide guidance as to how they should monitor their condition, how they can safely isolate at home, and the risks of transmission. Consider daily check-ins with the patient.
- Develop protocols and train your personnel to safely triage and manage patients with respiratory illness consistent with [CDC infection prevention and control guidance](#).
- Monitor your personnel to assure they are and remain healthy. Sick leave policies should be non-punitive and flexible to allow personnel to stay home and require them to stay at home when they are ill. Follow the CDC guidance on work restrictions and monitoring. See, [Interim U.S. Guidance for Risk Assessment in a Healthcare Setting to Patients with COVID-19](#).
- You do not need a return to work clearance from a physician before allowing personnel to return to work.
- Develop protocols for personnel to follow each day before reporting to work to determine if they have any signs of illness (e.g. do they have a temperature?). Personnel exhibiting symptoms should discuss their condition with their supervisor and a physician.

- Consider screening staff for signs of illness when they first arrive at work as a double check.
- Plan for absences.
- Eliminate no-show patient charges.
- Post signs advising those showing signs of illness to remain outside and those at high risk (e.g. the elderly and those with medical co-morbidities) to call to determine if a telephone visit would be appropriate and, if not, to stay outside until they can be safely escorted in.
- Masks should be provided.
- Social distancing should be possible and enforced.
- Make sure you have sufficient personal protection equipment for all.
- Disinfect constantly.

The message here is that you do not have to close your office and stop practicing. You are an essential business providing an essential service and patients need you to provide necessary care. Stay-at-home orders generally allow patients to see a health care provider because health care is an essential service. Depending upon the state you are in, you may need to cancel or reschedule non-essential medical care (e.g. eye exams, teeth cleaning and elective procedures) but essential medical care – to address illness and injury or relieve pain and suffering - may be offered and performed. Patients are not required to suffer during the crisis.

If you have questions on the CDC guidance or any other questions on how to navigate this crisis, please contact the author of the alert.

This alert was written by Thomas P. Conley, a member of the Firm's Health Care Practice. Thomas can be reached at (312) 876-7809 or by email at Thomas.Conley@saul.com. This alert has been prepared for information purposes only.

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