BLAST COMMUNICATION!

COVID-19 Frequently Asked Questions
Edition #4 March 24, 2020

Dear Georgia Pediatrician:

This blast communication provides an update to your recent questions we have received in the Georgia AAP office. Questions & answers 1-11 were included in our first three installments of our COVID-19 FAQ series. (To view previous editions of our FAQ series, please visit us at www.gaaap.org and go to the COVID resources box.) The AAP is also in the process of producing webinars around telemedicine and we will announce these as they become available.

NOTE: if you are reading this message as a blast fax, visit us on the web at www.gaaap.org to view this message on-line to enable links included in this message.

This following information is available from the American Academy of Pediatrics; if you click on the individual listed item, it will take you to that specific content on the webpage.

"As the COVID-19 pandemic evolves, the AAP has been staying abreast of all confirmed developments related to its global spread and will continue to be vigilant in efforts to develop and share information and guidance with members."

Clinical guidance
Information on PPE
Telemedicine and telephone care resources
Coding information
Information for families
Physician wellness tips

12. Would it be advisable that older pediatricians, for example aged 70+, not be involved in patient care for the time being?

There is no easy answer to this question as it may represent a personal choice.
The AAP has published this response to a similar question on their website:
"A common question is whether high risk pediatricians should stop seeing patients during this pandemic. The most recent recommendations for higher risk groups can be found from the CDC here (link to https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html).

Important factors to consider are the severity of the outbreak in your community and what local and state public health officials are recommending in terms of community actions to reduce risk. Most importantly, given that every individual is unique and has various health needs and risks, we recommend that you consult with your primary care physician to discuss what the best plan is for you and your family."

There are also new more liberal rules for telehealth in place that may warrant your consideration.

13. What is a logical way for a community practice to conserve PPE?

The shortage of personal protective equipment (PPE) in some practice locations is very concerning. We are doing everything in our power to advocate for more PPE production and national AAP President Dr. Sally Goza even discussed the matter recently with President Trump. Governor Kemp has also established a Georgia COVID-19 Task Force and we anticipate that physician voices will be well represented through this Task Force.

For current guidance from the CDC on the current PPE shortage please click here. Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings please click here. The Chapter is continuing to vigorously advocate for more PPE on behalf of Georgia's pediatricians.

14. Should we consider all kids with cough as possibly having COVID-19 and place them in a surgical mask?

The Chapter did not wish to convey in FAQ #1 that every child with a cough should be put in a mask. The relevant guidance from CDC states "*Patients with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically."*

In our FAQ #1, we stated that a practice *may* consider placing a mask on children and adults who are coughing, but we agree that this should probably only be done for spraying or severe coughs, given the current PPE shortage.

What about N95 respirators versus regular facemasks? This is from the CDC:

"Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. Facemasks protect the wearer from splashes and sprays. Respirators, which filter inspired air, offer respiratory protection."

If you have the supply, we recommend following the CDC guidelines to put a mask on patients with respiratory symptoms that you are suspicious could have coronavirus, but understand that for a general pediatrician the mask supply may need to be preserved for use on staff.

15. Any updates to COVID-19 testing?

At this time the Georgia Department of Public Health (DPH) has set up various drive-through locations around the state. Testing is being made available to the elderly, 1st responders, health care workers, and those in public safety. We encourage all health care workers to be tested if they develop symptoms.

If you have a healthcare worker in need of testing, please click here to obtain instructions regarding the Georgia DPH COVID-19 Online Testing Request process.

16. What is the guidance about testing or not testing in all pediatric patients who are not hospitalized?

The procedures related to COVID-19 are moving targets. We can only present the best practice as we understand it, from our public health consultants at Georgia DPH and CDC. We are all frustrated by the lack of access to testing. We too were disappointed upon learning initially of the true capacity for testing in the state. Currently many of the tertiary care hospitals do not have in-house testing but are gearing up to create testing capacity. While having widespread testing would allow us to understand prevalence in our communities and certainly help to reduce spread to vulnerable populations, the situation in Georgia is that there is limited access to testing and hence, our healthcare system will need to prioritize use.

If your practice decides to take on the requirements related to testing using commercial labs and has the resources to make that work, then that is certainly an appropriate course of action. Please consider the risk of exposure to physicians and staff in the collection of specimens. Again, the rules are changing as we speak, and we certainly hope that Georgia will continue to develop the level of testing that many of us believe to be warranted. Late last week Ga. DPH sent a letter describing new testing availability, but it is still quite restricted. We will promptly communicate recommendations per our public health consultants. Please continue to reach out to keep us accountable and credible.

17. What about the reported effectiveness of chloroquine or hydroxychloroquine as a treatment?

Korean data described some perceived benefit of chloroquine with antiretrovirals in the older patient and suggested lack of benefit in younger patients. A number of potential medications might work based upon in vitro studies. Under the scrutiny of a careful well controlled study, however, it may not hold up. Data from China just recently showed that there was no benefit to Kaletra (which also had been thought to be of benefit based upon in vitro data). The trial wasn't perfect, but it serves as a good reminder that high quality clinical data are needed before adopting new medications just because they look good in the laboratory.

Chloroquine or hydroxychloroquine are not benign medications and they do have some issues with tolerability. Also, the correct timing/dosing for children is not straight forward if you use the malaria treatment dosing (presumably this is the dose one would use?). News media has carried reports of several deaths in Nigeria due to chloroquine toxicity after the drug was touted as a treatment for COVID-19. In children, the treatment stands a real chance of being worse than the disease.

We as physicians have a hard time 'doing nothing' in the treatment of disease (except supportive care). Would strongly advise against these being used in almost every circumstance one could imagine (except maybe in a highly monitored setting such as the ICU in a critically ill patient). We still have a lot of unknowns with regards to therapeutics.

Finally, note there have already been pediatric deaths from unintentional dosing errors in the use of chloroquine in other states. We at Georgia AAP (and the Georgia Poison Center) clearly wish to encourage an abundance of caution in the use of these drugs, particularly when obtained in a dosage form not intended for children.

18. Any recommendations for managing practice flow to accommodate well and sick visits?

We are hearing reports that practices are altering their schedules to accommodate this concern, e.g. providing only well-visits in the morning (and also ensures that children remain up to date on their immunizations); and scheduling sick visits in the afternoon. See our FAQ #1 for additional examples of this.

The AAP has provided this Q/A on recommendations for primary care pediatric offices in terms of addressing well child and sick visits and provision of immunizations.

19. How can I help my practice survive financially through this crisis?

We are hearing multiple reports of patient volumes at community practices being dramatically impacted which can affect a practice's financial health. The Georgia AAP is very concerned by this development and we are watching this issue closely.

The Practice Management Institute (PMI) has offered a webinar on this subject. Visit https://www.pediatricsupport.com/covid19 for details. Note: the inclusion of this resource does not constitute endorsement by the Chapter of the information, products or services contained therein.

TELEHEALTH: The following questions pertain to this topic….

20. Does Georgia Medicaid require that I obtain written consent to provide telehealth?

No. Georgia Medicaid is waiving the written consent requirement; but you must include a note of verbal consent in the patient's file/medical chart. The following was included in a Banner Message posted on GAMMIS, 3-18-2020.

"The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with date, time, and consenting/responsible party before initiation of the service."

21. How do we consider complexity in reporting a telemedicine visit? Is it a 99212 or a 99213?

While the physical exam is limited in the audio/visual setting of telemedicine, the rules for reporting the visit within CPT are the same. The key factors include history, physical examination, and medical decision making for the service. The level of selecting most E/M codes will be determined by these three key factors.

However, time becomes the key factor when the counseling, coordination of care, or both account for more than 50% of the face-to-face time with the patient and/or family. When this situation occurs, it is necessary to enter the total duration of counseling and/or coordination of care into the clinical notes, as well as a description of the counseling and/or coordination of care that took place. Finally, reporting a 99214 in telemedicine even with complicated medical decisions would be challenging to justify if you have not actually taken a full set of vitals or performed a physical exam.

22. What options do I have for providing telehealth (companies, free options, etc.)?

Per US Dept. of HHS, the list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA Business Associate Agreement (BAA).

Skype for Business / Microsoft Teams: Contact directly
Updox: No pricing listed on-line; contact directly
VSee: $49 and up
Zoom for Healthcare: Free version limited access; begins at $10 per user
Doxy.me: Free version offers limited access to services; can cost from $35 on up
Google G Suite Hangouts Meet: $6 a month to $25 a month

23. Can patients use the personal Skype version or the regular Zoom apps? Do they need to download the professional version of these apps?

Non-HIPAA compliant products such as Skype and FaceTime can be used (temporarily) during the National Medical Emergency.

(Note: there is some concern in the AAP SOAPM chat circles though about if that's really a blanket coverage to not be "HIPAA compliant." That is, if you use these other platforms during the crisis (e.g. Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype) do you have to institute some other safeguards? The issue would be that when the dust settles in a few months, could insurance companies still find a loophole to audit you? We will investigate this issue further and provide more information.) We believe there are many advantages to the pediatrician and the patient in using an established company if they plan to offer regular telehealth services.

24. Will Georgia Medicaid reimburse for telehealth visits at same rates they would pay if service was provided in person*?*

Yes. Georgia Medicaid notes that telehealth is a mechanism to provide a service and does not view telehealth/telemedicine as a distinct service. In using telehealth this may influence how you report the service given that time and complexity may be of equal consideration. Be sure to determine and document the amount of time that is spent with the patient and/or family. See also question #21.

25. Are their specific COVID-19 CPT codes?

Per Georgia Medicaid GAMMIS, there are two (2) Procedure Codes as mandated by the Centers for Medicaid and Medicare Services (CMS):

- CPT U0002 - Severity Acute Respiratory Syndrome [SARS-COV] - For the dates of services 02/01/2020 through 03/12/2020 the reimbursement rate is: $51.31
- CPT 87635 - Severe Acute Respiratory Syndrome Coronavirus-2 (SARS- COV-2) (Coronavirus Disease [COVID-19]) - For dates of services 03/13/2020 through 2/31/2299 the reimbursement rate is: $51.31

Source: GAMMIS banner message entitled, SARS-COV2 CORONAVIRUS dated March 18, 2020

26. Can prescriptions be written electronically or by calling in an emergency schedule II drug as a result of a telehealth service?

On January 31 the US Department of HHS issued an emergency declaration allowing DEA registered practitioners to issue prescriptions during a public health emergency for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real time, two-way interactive communication system
- The practitioner is acting with Federal and State law Today the Medical Board passed an emergency rule change that allows licensed prescribers to follow the HHS guidelines referenced above.

Provided the practitioner satisfies these requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. **Source:** GBMB UPDATE ON COVID-19 March 18, 2020

Additional information is available at:

Georgia Department Public Health www.dph.georgia.gov
CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html
AAP www.aap.org

Sincerely,

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Chapter President &
Georgia AAP COVID-19 Task Force