



Practice Management Recommendations During COVID-19

In this time of patient care with limited personal contact, practices should take a level of responsibility to limit patient risk to maintain a safe practice. The following recommendations from the Center for Disease Control are based on public policy, and can vary based on local guidelines, but include some general recommendations on how to maintain a safe and effective practice.

Clinical Triage

- **Limit how germs can enter the facility.** It is recommended to cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen patients for respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
- **Isolate symptomatic patients as soon as possible.** If a patient presents with COVID-19 type symptoms to your office give them a mask immediately and consider wearing a mask yourself. Direct them to a private room and close the door or a private bathroom (if possible).
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort COVID-19 patients, limit the numbers of staff providing their care and prioritize respirators.
- **More information is available through the CDC** website for both [Infection Control](#) and [Clinical Guidance Management](#).

Practice Cleanliness

COVID-19 is thought to spread mainly from person-to-person (within about six feet) by respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

People are thought to be most contagious when they are most symptomatic. Some spread might be possible before people show symptoms and while there have been reports of this occurring with COVID-19, it is not thought to be the main way the virus spreads. It may also be possible COVID-19 can spread through surface contact when a person touches an object contaminated with the virus and then having them touch their mouth, nose or eyes. Again, this isn't thought to be the main way the virus spreads.

To help contain the spread, it is recommended to:

- Discontinue personal contact, including handshakes and physical greetings.
- Remove any shared items in the office, i.e. magazines, pens, clipboards, etc.
- Minimize patient contact with instruments and/or lead shielding with recommended decontamination in between use.
- When possible, encourage online patient portal use from home prior to appointment times.
- Follow disinfection protocols in-between patient visits as recommended by the CDC guidelines.
- If a patient is suspected of having COVID-19, they should be given a mask to wear and be sequestered to a private room with the door closed.
- To protect office staff, keep in accordance with six-foot social distancing when possible and encourage frequent hand washing.
- More information is available through the CDC website on [Transmission](#) and [Cleaning/Disinfecting](#) protocols.



Practice Volume Management

In an effort to limit patient-to-patient contact, it is recommended to keep patient volume to less than 10 people in a limited space.

- Screen all patients at the time of appointment booking, as well as the day before their appointments, for any signs of significant cough or flu-like symptoms, signs of fever and ask of recent travel within the last 14 days. Anyone who meets these criteria, should not come to the office.
- Office triage patients as they arrive and assess for respiratory problems, fevers, chills and recent travel.
- Phone triage high-risk patients prior to arriving at the office/facility. Schedule these patients early in the day to avoid exposure.
- Space out scheduling patients to help minimize too many patients in the office.
- Have patients check in and leave their mobile number with the front desk. Once they are checked in, have them wait in an open area or in their car for a phone call when it is their turn to be seen.
- Practice appropriate distancing of patients and avoid cross of patients, if possible.
- Limit surgical cases to infections, wounds, trauma or conditions that threaten a patient’s immediate mobility.
- Limit non-essential members in the exam room.
- More information is available through the [CDC website](https://www.cdc.gov).

TeleHealth

The Centers for Medicare and Medicaid Services (CMS) has broaden access to TeleHealth services. Below is documentation of these regulations and should be used to reduce the burden placed on offices and allow foot and ankle surgeons to give appropriate care when indicated.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.



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- When using TeleHealth, it is recommended to use the following phrase in the EMR note:
“Patient advised not to come to the office due to COVID-19 risk. His/her health conditions warranted an audio visit, which will be submitted to insurance. Patient understands this visit was in place of an in-person visit, understands the risks of communicating online, and consents to an audio visit.”
- The TeleHealth visit must be performed by the doctor, not staff or residents.
- Put the patient on your schedule for the day and under reason, put TeleHealth Visit.
- For more information on TeleHealth is available through the [CDC website](https://www.cdc.gov) and also can be found in in a separate ACFAS TeleHealth Tip Sheet available at acfas.org/COVIDResources.

Business Help

We understand some practices are being significantly affected by the COVID situation. You may find assistance with the following:

- [Disaster Relief Loans](#)
- Business Interruption Insurance
 - If you have this in place, keep record of volume losses, number of patients choosing to cancel, surgical cases needing canceled, etc.

Overall

Please remember, the healthcare setting will continue to evolve in response to disease transmission as viral spread is being monitored. There may be additional changes required based on local factors and it is important to stay informed to practice foot and ankle surgery in a responsible fashion to minimize patient risk and community exposure.

If there are any additional updates available ACFAS will keep you informed via acfas.org/COVIDResources and *This Week @ ACFAS*, but it is recommended you check with the CDC and your local hospital for any recent updates regarding COVID-19.