



COVID-19 Frequently Asked Questions & Answers for Primary Care Providers

Updated 3/25/2020

Note: due to the rapidly changing situation, some answers may be out of date. Please check back for updated FAQs.

Contents

<i>Patient Treatment</i>	1
<i>Telemedicine</i>	2
<i>Patient Symptoms</i>	3
<i>Equipment</i>	4
<i>Staffing</i>	5
<i>Reimbursement/Financial Matters</i>	5
<i>General Guidance</i>	6

Patient Treatment

How should pediatric practices deal with screening?

Pediatric patients are as likely as anybody to contract COVID-19, but they are at comparatively low risk of experiencing significant consequences from the viral infection. Pediatric practices should still adhere to CDC guidelines if they choose to sample patients for infection. Immunocompromised children are at risk, so should be closely monitored. Please review guidelines by the [American Academy of Pediatrics for more information](#).

Does the MDPCP PMO recommend practices cancel all non-urgent appointments? If so, what types of appointments would be urgent enough to warrant a home visit? What situations would warrant an office visit rather than a home visit?

Yes. Maryland's Secretary of Health on 3/23/20 ordered "all elective and non-urgent medical procedures and appointments shall cease effective at 5 p.m., Tuesday, March 24, 2020 and shall not be performed for the duration of the catastrophic health emergency." His order may be seen at: <https://phpa.health.maryland.gov/Documents/03.23.2020%20Sec%20Neall%20Healthcare%20Matters%20Order.pdf>

Healthcare providers should follow their personal experience and clinical judgment to decide whether and when home or in-clinic visits are warranted.

The MDPCP PMO further recommends the aggressive and proactive triage of patients suspected or

confirmed to have contracted COVID-19. The goal is to maximize the treatment of these patients at home or, if they must visit a provider's office, to ensure they will be isolated while providers determine how to treat them. We recommend the following:

- Use telemedicine whenever possible to provide care; conduct face-to-face visits only when deemed necessary
- Do Not Close Your Office – remember we need to maintain access to care – Thank you!

How should providers determine which patients should be tested for COVID-19 infection?

Guidance is presented in the section below as the first answer under Patient Symptoms. Providers' clinical intuition can also be used to help guide the rationale for testing. It makes sense to test patients with underlying conditions and patients who appear to have more respiratory symptoms than a typical mild upper respiratory infection.

Are primary care physicians required to collect samples for COVID-19 testing?

No. There is no requirement that providers collect samples, but it is encouraged for patients at high risk for COVID-19 disease and/or who present with symptoms indicative of infection. Providers should stay safe and well protected using the required PPE if they do choose to collect samples.

Where should providers without capacity to test patients for COVID-19 refer patients for tests?

Providers should check with their local hospitals for availability.

What defines an immunocompromised population?

Examples include people on chemotherapy, people with immune disorders, people with HIV, the significantly elderly, and others who under other circumstances the clinician would have concerns about their ability to fight infections.

When patients call to request a flu evaluation, but are not experiencing respiratory distress, should providers give supportive advice over the phone?

The MDPCP PMO recommends in this situation the individual be treated at home, but providers should evaluate such situations on a case-by-case basis.

Should providers triage outside the waiting area to separate patients seeking COVID-19 testing from those who are not?

Yes.

Is it safe to conduct home visits to patients who are home-bound?

Yes. Home visits are allowable and safe provided clinicians use precautions.

What does “quarantine at home” mean?

Staying at home, practicing social distancing, using good hygiene, and surface cleaning. Individuals who are “quarantining at home” should practice self-isolation, including self-isolation from all others in the home.

Should primary care physicians give antibiotics to these types of patients?

No. Antibiotics should not be given to treat COVID-19; they are ineffective against viruses.

Telemedicine

Do the major insurers pay for telemedicine when the patient is at home? – Yes.

Medicaid now allows the use of telemedicine to treat patients in their homes. [Click here for more information.](#)

For more information on Medicaid and updates on COVID-19 guidance, please visit this webpage: <https://mmcp.health.maryland.gov/Pages/home.aspx>

Under state statute, commercial insurers across Maryland are required to pay the same amount they would pay for a face-to-face visit for appropriate telemedicine services. For more information, refer to the [MHCC Telehealth guide](#)

Medicare now pays for telemedicine regardless of location. The encounter needs to be documented in the patient's chart and the patient cannot be seen for the same condition in seven days.

[Please check the MDPCP Billing Guide for more information.](#)

Can annual wellness visits (AWV) be performed via telehealth?

AWVs are allowable via telehealth under COVID 19 Section 1135 Waiver Expansion. The AWV can be completed via telehealth using the billing codes G0438 and G0439. These codes are only allowed for patients who have previously completed the "Welcome to Medicare" G0402 visit in person, as this includes a physical exam. Following a "Welcome to Medicare" visit a practice would be allowed to complete the [Initial] AWV (billed once in a lifetime as G0438) as telehealth, 12 months after the "Welcome to Medicare" visit. All subsequent AWVs whether telehealth or in-person will be billed as G0439.

In regards to the Health Risk Assessment (HRA), AWVs traditionally have an HRA to collect data pertinent to the patient's health. With respect to the COVID-19 restrictions, the clinician will have to rely on self-reported data from the patient or data from Remote Patient Monitoring devices.

As a reminder, AWVs should be completed by physicians, physician assistants, nurse practitioners, or clinical nurse specialists. Medicare only pays for one "Welcome to Medicare" visit per beneficiary per lifetime and one subsequent AWV per year thereafter.

Online Resources:

- <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/IPPE-AWV-FAQs.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

What other service can I provide with a Medicare Annual Wellness Visit via Telemedicine?

Practices can perform Advance Care Planning via Telemedicine and bill 99497, 99498. When you bill for this service during Annual Wellness Visit, patients will not be charged coinsurance. All other times, Advance Care Planning codes will be charged coinsurance to the beneficiary.

Do patients need to have a signed consent form before participating in telemedicine video visits?

No. Either verbal or written consent is sufficient.

Have payers relaxed rules for treating patients via telemedicine?

Yes. Medicare has removed the geographic restriction to rural areas. Telemedicine can now be used

without restriction. Medicare has also removed the restrictions on patient location, allowing patients to be at home to receive telemedicine services. Providers may also reduce or waive cost sharing. [For more information please click here](#)

For more information on Medicare rules and reimbursement for telemedicine, please visit:

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Should on-site visits conducted through video or a window in the clinic be reported as telemedicine services?

Services can be reported as telemedicine when the physician or professional providing the telemedicine service is not at the same location as the beneficiary.

Where can I find more information on telemedicine vendors and guidance on implementing it in my practice?

Please look at information on the [MDPCP Coronavirus page](#), as well as the CMS Telemedicine Toolkit: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Patient Symptoms

Do all patients who have symptoms need to be tested if they have mild COVID-19 symptoms?

No. Providers should use their best clinical judgement. The highest priority should be to test patients who are most at risk. Due to the scarcity of personal protective equipment (PPE) and testing supplies, the Maryland Primary Care Program's (MDPCP) Program Management Office (PMO) recommends that providers maintain close contact with patients who are otherwise healthy with a low-grade fever and mild symptoms, that they closely monitor these patients' symptoms, and that they use symptomatic treatment at home. The PMO advises that clinical judgment should guide the amount of testing conducted or recommended by providers. Due to wide-scale shortages of laboratory supplies and reagents, we strongly urge public health and healthcare professionals to prioritize COVID-19 testing among three specific groups:

1. Severely ill hospitalized patients, who should be tested using the fastest route possible (either a hospital lab, private lab, or the State Laboratory);
2. Symptomatic Emergency Medical Service Personnel, healthcare workers, and law enforcement personnel (should be tested by available means);
3. Symptomatic patients in nursing homes, long-term care facilities, or in congregate living facilities housing individuals who are medically fragile; OR
4. Symptomatic, high-risk, unstable patients whose care would be altered by a diagnosis of COVID-19.

Should clinicians test patients for influenza when those patients experience flu-like symptoms?

Yes. If a patient exhibits flu-like symptoms, providers should test them for both influenza and COVID-19.

How important is the presence of fever in the diagnosis of COVID-19?

The current guidance is demonstrated fever or the patient's claim that he/she feels like s/he has a fever. The MDPCP PMO will learn more about the relevance of fever patterns as time goes on. The presence of fevers should raise providers' suspicion that a patient may be infected with COVID-19.

There have been cases in the United States where infected patients do not present with a fever, particularly if the patient is immunocompromised or is less likely to develop a fever for other reasons.

If providers don't test people with mild symptoms, how long do they ask the patients to isolate

themselves at home?

14 days. These patients should check their temperatures twice daily at home while self-isolating for 14 days from when the first symptoms appeared.

Equipment

What is the Maryland State Government recommending to primary care providers who cannot obtain masks and isolation pads?

The State government will continue to look for sources of personal protective equipment (PPE). As Maryland identifies and develops those sources, the MDPCP PMO will notify practices without those resources about where they can obtain them. The PMO will prioritize obtaining and distributing this information. When PPE becomes available, it will be distributed based on need. For now, providers should work with their usual PPE suppliers.

Providers should not obtain COVID-19 testing samples unless they are adequately protected in compliance with current guidelines. Maryland Government advises provider offices not equipped to test patients for COVID-19 to not test if there is risk of becoming infected.

As additional testing sites are established moving forward, the PMO will notify providers where they can send patients for COVID-19 testing. Drive-thru testing will likely be established in Maryland and the state government also plans to set up centralized testing locations. Large healthcare systems may also set up testing locations across the state. For questions about testing sites in your area, please reach out to your local health department or hospital.

Can providers put their names on a list for PPE acquisition?

No priority list currently exists for PPE. The MDPCP PMO will notify providers when such a list is established.

Should physicians wear facemasks when treating children who are coughing and/or have a fever?

No. The patient should wear the facemask, not the clinician.

Are primary care offices receiving kits to test for COVID-19?

LabCorp is distributing diagnostic kits to primary care offices, so providers can order them via this [link](#). More information about ordering a COVID-19 test via Quest Diagnostics is available [here](#).

What types of areas could medical staff use to conduct outdoor triage?

The Mayo Clinic has used a parking lot to conduct [triage](#) outdoors and one hospital in Washington state has set up a temporary tent outdoors for [triage](#).

What is the guidance for collecting Coronavirus samples?

Nasopharyngeal (NP) swabs are better than oropharyngeal (OP) swabs for sampling, but it is also important for providers to use the proper technique when testing for COVID-19 infection. Please refer to the CDC Guidance located here: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

Can PPE be worn more than once?

Yes, in some circumstances. See CDC guidance at:

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Maryland Department of Health guidance may also be found at:

Staffing

Do front office staff who have checked in patients with symptoms need to be sub-quarantined until the COVID-19 testing has concluded?

At this time, if an individual is not symptomatic, but has tested positive for COVID-19, and an individual has been within six feet of that patient not using PPE, then that person should self-quarantine for 14 days and take his/her temperature twice a day.

Patients should call into their providers' offices before visiting them. If possible, providers should triage outdoors or in an isolated, closed area patients who may be infected with COVID-19. When patients who may have COVID-19 infection visit providers, the provider offices should practice social distancing and give them masks, if possible.

How should practices prepare for the potential quarantine of their entire staff?

If precautions like aggressive triage and proactively reaching out to patients are insufficient to mitigate the necessary quarantine of staff, then the Maryland Department of Health will consider formulating additional guidance about self-quarantine.

Reimbursement/Financial Matters

Will there be any financial help or Small Business Administration loans available to mitigate loss of business?

This is to be determined. Federal and state proposed actions are being discussed. MDPCP PMO will share information as it becomes available.

Is malpractice insurance needed for telemedicine?

Yes.

Will there be no co-pay or bill for COVID-19 tests?

Governor Hogan ordered insurers in Maryland to waive cost sharing on testing for COVID-19. See the [press release from the Governor's office](#).

If I am not currently enrolled with Medicare, what should I do?

Please review [CMS's FAQs on temporary relief and processes](#). CMS has established toll-free hotlines available to provide expedited enrollment and answer questions related to COVID-19 enrollment requirements.

General Guidance

Beyond practicing good hand hygiene, what should providers tell persons under investigation who may have contracted COVID-19 infection?

Persons under investigation for possibly contracting COVID-19 should practice social isolation, avoid face-to-face contact, thoroughly clean all surfaces, and continue with usual good hygienic measures.

Are there any liability issues regarding testing in a parking lot?

You should check with your liability carrier regarding this issue.

Are there any disinfectants that can fight COVID-19?

Yes. Please see the following link to CDC guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

Is the Maryland Department of Health seeking volunteer physicians to help with the workload?

Yes. The Office of Preparedness and Response has a Maryland volunteer response workforce group.

Please follow this link <https://mdresponds.health.maryland.gov/> for more information.

Is there a COVID-19 helpline providers can give to patients?

Yes. Patients who feel well but are concerned about their health status should call 211 for more information. Various healthcare organizations are also setting up call lines. Providers may also ask their healthcare systems if they are setting up clinical guidance lines to address patient calls.

Are there COVID-19-specific resources for seniors?

Yes. Please contact your Local Health Department or [Area Agency on Aging](#). In addition, many grocery stores now offer special shopping hours for seniors. Here is a [list by county of special grocery services](#) being offered. The Maryland Department of Aging is also offering a [free, telephonic check-in for seniors](#) age 65 and over.

How else can Marylanders help to respond to COVID-19?

Please visit [Maryland Unites](#).