

ASSR COVID-19 Presidential Announcement

Dear ASSR Members,

I would like to update you with information on how ASSR can be a resource for you and your practice during the COVID-19 Pandemic (<u>ASSR COVID-19</u>). The information on this is changing rapidly, but you can rest assured that we are working to deliver best practice guidelines that can be applied to your local environment and your patients. Many of these resources were gathered from reputable societies and scientific websites. The Procedure Triage Recommendations were based on the collective experienced ASSR Interventionalists. As with any Recommendations, your institutional/regional/state situation will weigh into the optimal final resolution as well. Based on our members' practicing profile, they are divided into:

- A. Adult Interventional Procedure Triage Recommendations during Pandemic & PPE Shortage
- B. What you need to know as Diagnostic Spine Radiologists
- C. What you need to know as Interventional Spine Radiologists
- D. Telemedicine Information, as it may be applicable to continue undisrupted care of your patients
- E. Insurance payer's statement of coverage during COVID-19 Pandemic
- F. Family Circle
- G. Finally, with resources becoming limited, we also include a DIY suggestion area.

As information is changing at rapid pace, we will try to regularly update these guidelines and include any new suggestions. Please check the website often for changes. Again, we thank you for what you do and wish you a healthy period. Together, we will overcome this.

Best wishes and be safe,

Dan Nguyen, M.D., President, and Executive Committee, 2020-21



ASSR Adult Interventional Procedure Triage Recommendation during COVID-19 Pandemic & PPE Shortage

Tiers/Description	Definition	Locations	Procedure Suggestions	Action
Tier 1a	Low acuity procedure/healthy patient Outpatient Procedure Not Life-threatening illness	OBL HOPD ASC Hospital with low/no COVID census	Trigger point, epidural/facet, Sympathetic nerve, and MSK injections, Myelogram, Discogram, MSK radiofrequency ablation procedures, Arthrogram studies	Postpone procedure
Tier 1b	Low acuity procedure/unhealthy patient	OBL HOPD ASC Hospital with low/no COVID census	Interventional headache procedures	Postpone procedure
Tier 2a	Intermediate acuity procedure/healthy patient Not life threatening but potential for future morbidity and mortality. Requires in hospital stay	HOPD ASC Hospital with low/no COVID census	Spinal cord / Peripheral Nerve stimulator trial/implantation, Lumbar spinal stenosis decompression/implantation, Basivertebral nerve ablation, SIJ fusion	Postpone procedure/surgery
Tier 2b	Intermediate acuity procedure/unhealthy patient	HOPD ASC Hospital with low/no COVID census	Pain pump trial/implantation	Postpone procedure/surgery, if possible
Tier 3a	High acuity procedure/healthy patient	OBL HOPD ASC Hospital	Kyphoplasty/Vertebroplasty/Sacroplasty, Intrathecal pump refill, Epidural/Facet/Interventional Headache injections*	Do not postpone
Tier 3b	High acuity procedure/unhealthy patient	Hospital	Intrathecal pump / implant infection, Infection drainage, Tumor biopsy/ablation ⁺	Do not postpone

*Repeated office calls, 1 ED visit, or prolonged Inpatient Admission.

+ After multi-disciplinary consensus

OBL= Office-Based Laboratory, HOPD = Hospital Outpatient Department, ASC = Ambulatory Surgery Center

Adapted and modified from Sameer Siddiqui MD, FACS, St. Louis University at <u>American College of Surgeons</u> and <u>CMS</u>.

What you need to know as a Diagnostic Spine Radiologist

- 1. <u>Novel Coronavirus: What Neuroradiologists as Citizens of the World Need to Know.</u>
- 2. Radiology Department Preparedness for COVID-19: Radiology Scientific Expert Panel.
- 3. YouTube RSNA Webinar of Radiology Preparedness for COVID-19.
- 4. <u>Coronovirus (COVID-19) Outbreak: What the Department of Radiology Should Know.</u>
- 5. <u>Scanning Suspected & Confirmed COVID-19 Patients from CTisus.com.</u>

What you need to know as an Interventional Spine Radiologist

- 1. Prescription of Schedule II-V controlled substances through Telemedicine exception.
- 2. <u>CDC</u> and <u>WHO</u> Recommendations of Personal Protective Equipment (PPE) and Mask Use.
- 3. Patient screening for high-risk exposure or symptoms.
- 4. Glucocorticoid Impact: Infections and Vaccinations from Spine Intervention Society (SIS).
- 5. NSAIDS and Covid-19: Current Position of FDA and WHO.

Telemedicine

With President Trump's recent Declaration of National Emergency from COVID-19 Pandemic, the Centers for Medicare & Medicaid Services (CMS) broadened and expanded benefits under 1135 Waiver and Coronavirus Preparedness and Response Supplemental Appropriations Act. The waiver provides payment for office and hospital visits with use of Telehealth technology, including common phones with audio/video capabilities, across the country, including patient's places of residence, retroactively applied from <u>March 6</u>, <u>2020 and for the duration of COVID-19 Public Health Emergency</u>. Prior to this waiver, the payment for Telehealth applies to beneficiaries receiving this service in a designated rural area or at a designated site of service facilities.

Highlights:

- Telehealth visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Medicare will make payments for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- The Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive coinsurance and deductible for telehealth visits.
- 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.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS VIRTUAL CHECK-IN	A visit with a provider that uses telecommunication systems between a provider and a patient. 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.	 Common telehealth services include: 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 HCPCS code G2012 HCPCS code G2010 	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 For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	 99421 99422 99423 G2061 G2062 G2063 	For established patients.

During this period, the Office of Civil Rights (OCR) at the Department of Health and Human Services (HHS) will not impose penalties for non-compliance with HIPAA Rules under good faith provision of TeleHealth. Healthcare providers may use applications that allow for video chats, including <u>Apple Facetime</u>, <u>Facebook Messenger video chat</u>, <u>Google Hangouts video</u>, <u>or Skype</u>, to provide Telehealth services, in addition to other more traditional HIPPA compliant vendors. Providers are encouraged to notify patients the potential privacy risks using these third-party applications. Other vendors who provide HIPAAcompliant video communication capabilities and capability to enter HIPAA Business Associate Agreements (BAA) are also mentioned such as <u>Skype for Business</u> <u>/ Microsoft Teams</u>, <u>Updox</u>, <u>VSee</u>, <u>Zoom for Healthcare</u>, <u>Doxy.me</u>, <u>and Google G Suite Hangouts Meet</u>. However, providers should <u>not</u> use Facebook Live, Twitch, TikTok, and other public facing applications during this provision. Sources:

- 1. <u>CMS.gov Medicare Telemedicine Health Care Provider Fact Sheet</u>.
- 2. <u>CMS General Provider Telemedicine Toolkit.</u>
- 3. <u>HHS.gov Health Information Privacy</u>
- 4. AMA Quick guide to telemedicine in practice

Updated as March 30, 2020:

- Telemedicine now also includes to the Medicare beneficiaries who have audio phones only, previously only through audiovisual system.
- Providers can bill for Telehealth visits at the same rate as in-person visits for both New and Established patients. Prior, the New patients could be seen, but at the Established patient code.
- Telemedicine can be used for ED visit, discharge visit, inpatient rehabilitation facilities, hospice, and home health.
- Physician's Supervision of clinical staff can be done using virtual technologies, instead previous requirement of in-person presence.
- Remote patient monitoring service for <u>one</u> acute or chronic condition is provided.

Source: CMS.gov

Payer's Coverage During COVID-19 Period

Please check with your private payers about coverage through the COVID-19 Pandemic:

- America's Health Insurance Plans (AHIP) Summary
- <u>Aetna</u>
- Blue Cross Blue Shield (BCBS)
- <u>CIGNA</u>
- <u>Humana</u>
- United Healthcare

Family Circle

With most school systems and daycare centers either closed or with limited hours, professional parents are suddenly working remotely from home and are thrown into a balancing act of professional and parental obligations. Here are some articles for parents that may be useful:

- 1. Working and Learning from Home During the COVID-19 Outbreak
- 2. Social Distancing: Why Keeping Your Distance Helps Keep Others Safe
- 3. Tips for Coping with a New Baby During COVID-19
- 4. <u>Positive Parenting & COVID-19: 10 Tips to Help Keep the Calm at Home</u>

Source:

- 1. American Academy of Pediatrics
- 2. Healthychildren.org

DO IT YOUSELF (DIY)

As many of you have experienced thus far, prepared EPA-registered surface disinfectant solutions are becoming hard to find from your local distributors. We have found a DIY solution mixture that you can prepare and use:

To disinfect:

Most common EPA-registered household disinfectants will work. Use disinfectants appropriate for the surface.

Options include:

• Diluting your household bleach.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
 - OR
- 4 teaspoons bleach per quart of water

Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

• Alcohol solutions.

Ensure solution has at least 70% alcohol.

Source: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html