



Practice Survival for an Orthopaedic Practice During COVID-19

- Safety Policies and Procedures for Patients, Staff and Surgeons
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- Getting Back into Practice

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Practice Survival for an Orthopaedic Practice During COVID-19

■ Safety Policies and Procedures for Patients, Staff, and Surgeons

General Office Policies

Our group will continue to care for orthopaedic patients during the COVID-19 Pandemic. In order to reduce the risk of spreading the disease within our local community, we ask that everyone practice good judgment and self-monitoring. Anyone with symptoms associated with COVID-19 should STAY HOME and contact their primary care physician for guidance.

The symptoms associated with COVID-19 infection are:

- Temperature of 100.4 F or greater
- Sore throat
- Cough
- Shortness of breath
- Muscle aches
- Abdominal pain
- Diarrhea
- Loss of taste or sense of smell

If you or someone you have been in contact with within the last two weeks has these symptoms, **DO NOT COME TO THE OFFICE.**

People may be carriers of the COVID-19 virus even if they are asymptomatic. Since we cannot know for certain who has been exposed, the only reasonable approach to keeping people safe is to assume that anyone can spread the virus, even if they are not showing any symptoms. Therefore, **EVERYONE MUST WEAR A MASK** or scarf in our office and clinics.

Remember to ALWAYS practice good hygiene:

- Wash hands using WHO technique: <https://www.youtube.com/watch?v=lisgnbMfKvI>
- Cover cough and sneezes
- Stay away from sick people
- Stay home if you're sick or were exposed to someone with the flu or COVID-19
- Practice social and physical distancing and stay 6 feet away from others
- Wear a mask when you are around other people
- Disinfect your work-space and other public areas where you spend time
- Only touch your face with clean hands



- Limit visits to the elderly

For the latest updates, monitor

- <https://www.cdc.gov/coronavirus/2019-ncov/>
- <http://www.publichealth.lacounty.gov/media/Coronavirus/>

Orthopaedic Patient Care

In-person appointments: The office policy for in-person appointments for the clinic and therapy will give preference to new patients and existing patients that meet the following criteria:

- Surgery within the last 12 weeks
- Severe pain
- Recent fracture, dislocation, nerve injury, tendon injury or a possible infection
- Functional loss

Who should be seen in the office?

- Patients with fractures or dislocations that have occurred within 4 weeks
- Patients who received wound care in the ED/UC and need follow-up wound care or suture removal
- Patients who would benefit from a follow-up physical assessment or manual therapy

Which patients are candidates for telehealth?

- Patients who are sick or who have immunosuppressed family members at home
- Patients with chronic problems
- Patients who do not need X-ray or wound care (some wound checks ok through telehealth)
- Patients with chronic pain
- Patients with questions or concerns about their ongoing condition or recovery
- Patients with questions or concerns about their labs or diagnostic imaging results
- Patients who need prescription refills
- Patients who need disability forms filled out or renewed

Policy on procedures and surgery:

The health and safety of patients and staff, along with preventing the spread of COVID-19, must be our highest priority. The current and ongoing efforts to isolate our population and create social/physical distancing are essential steps. In response to recommendations by government agencies to postpone “elective surgeries,” we have reviewed statements and guidelines set forth by the Ambulatory Surgery Center Association, the American College of Surgeons, and the American Academy of Orthopaedic Surgeons. We agree that “the risk to the patient should include an aggregate assessment of the real risk of proceeding and the real risk of delay.” Therefore, our policy on procedures and surgery is as follows:

- Conditions for which a procedure can be safely delayed without significant patient harm or adverse outcome, the procedure should be delayed until after the pandemic.
- Conditions for which delaying a procedure may result in significant patient harm or adverse outcome, the procedure/surgery should be performed.
- If possible, these “*essential procedures*” should be performed in the ambulatory setting to minimize utilization of hospital resources.



Guidance for Providers and Staff

The health and safety of patients and staff, along with preventing the spread of COVID-19, must be our highest priority. The current and ongoing efforts to isolate our population and create social/physical distancing are essential steps in saving lives by shortening and ultimately ending the COVID-19 pandemic.

All staff will have their temperature taken and logged when they get to the office/clinic. Anyone with a temperature of 100.4 or above will be sent home and will use a sick day.

People may be carriers of the COVID-19 virus even if they are asymptomatic. Since we cannot know for certain who has been exposed, the only reasonable approach to keeping people safe is to assume that anyone can spread the virus, even if they are not showing any symptoms. Therefore, we have instituted these policies for our office and clinics.

- Maintain physical distancing while interacting with patients and staff whenever possible
- Always wear a mask when interacting with others and while moving about the office/clinic
- Disinfect work-station before and after use
- Disinfect all clinic/office surfaces after each patient

All patients will have their temperature taken and documented as they enter the office. Patients with a temperature of 100.4 or above will need to reschedule their appointment.

All patients must wear a mask or scarf to be seen in the office.

Other safety policies to consider:

1. Screen patients before their appointment to see if they are running a fever, coughing, or having respiratory problems.
2. Take the patient's history remotely to reduce the patient's time in the office.
3. Ask patients to wait in their cars until you are ready to take them directly into an exam room.
4. If you are having patients wait in your waiting room, remove chairs so that patients are at least 6 feet apart.
5. If an adult patient, don't allow other family members to attend the visit. If a minor patient, only 1 family member can accompany the patient.
6. As the patient enters the exam room have them wash their hands.
7. The surgeon should wash their hands also immediately before examining the patient.
8. Report any patient diagnostic imaging results to the patient on-line through secure messaging.
9. Clean, clean, clean several times a day. Don't forget to wipe down the doorknobs.



■ California Employment Considerations During Temporary Shutdowns Due to Coronavirus

Federal Bill: Families First Coronavirus Response Act (FFCRA)

The bill requires employers to provide employees with two weeks of paid sick leave during the coronavirus epidemic and expands the Family and Medical Leave Act (FMLA) to provide up to 12 weeks of job-protected leave. After the employee has taken the two weeks of paid leave, they will be able to take the additional FMLA leave at two-thirds of the employee's usual pay. The bill requires employers to pay the employees during these leaves, and then provides reimbursement of this cost through a refundable tax credit. The bill also provides a federal unemployment payment of \$600 per week in addition to their state unemployment payments.

The U.S. Department of Labor (DOL) has posted a definition of a "health care provider." **A leading law firm in California has interpreted this definition to mean that all physician offices are exempted from FFCRA.**

DOL – Question #56

Who is a "health care provider" who may be excluded by their employer from paid sick leave and/or expanded family and medical leave?

For the purposes of Employees who may be exempted from Paid Sick Leave or Expanded Family and Medical Leave by their Employer under the FFCRA, a health care provider is anyone employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, Employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

This definition includes any individual employed by an entity that contracts with any of these institutions described above to provide services or to maintain the operation of the facility where that individual's services support the operation of the facility. This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments. This also includes any individual that the highest official of a State or territory, including the District of Columbia, determines is a health care provider necessary for that State's or territory's or the District of Columbia's response to COVID-19.

To minimize the spread of the virus associated with COVID-19, the Department encourages employers to be judicious when using this definition to exempt health care providers from the provisions of the FFCRA.

Employment Considerations

In response to the coronavirus, many cities throughout California are issuing emergency orders and placing temporary restrictions on certain business, such as restaurants, bars, movie



theaters, bowling alleys, arcades, and gyms. If an employer is temporarily closing its operations to comply with these orders, there are a few employment issues that must be considered:

Paychecks

There may not be a need to issue employees a paycheck at the time they are being informed of a temporary shutdown if the employer expects a continuing employment relationship. But this issue is one that must be approached carefully.

Employers should make clear that the employment relationship is expected to continue, and should endeavor to provide an expected return date, subject to reconsideration as circumstances develop.

California Labor Code has very specific requirements regarding final pay checks for terminated employees. Employers should consult legal counsel to ensure compliance with these requirements.

Filing for Unemployment Insurance

If an employer reduces hours or shuts down operations due to coronavirus, employers can encourage employees to [file an Unemployment Insurance \(UI\) claim](#). UI provides partial wage replacement benefit payments to workers who lose their job or have their hours reduced, through no fault of their own. The EDD's website provides, "Workers who are temporarily unemployed due to COVID-19 and expected to return to work with their employer within a few weeks are not required to actively seek work each week. However, they must remain able, available, and ready to work during their unemployment for each week of benefits claimed and meet all other eligibility criteria." For more information, see: https://edd.ca.gov/Unemployment/Filing_a_Claim.htm

Continued health care benefits are not required, but many employers do continue to provide health care benefits, particularly if their intention is to rehire furloughed employees.

To bring an employee back from furlough. It will be up to the manager to call the employee and make sure they are available to come back to work and then once it is decided, HR will send an email that explains how many hours/week they can expect to work, the pay, the reason, and the expected length of the recall. The employee then works for as long as they are needed, and then HR will provide another Notice to Employee form when they go back on a full furlough.

Basically, the term furlough will apply to all situations – employees are either fully furloughed and working no hours or they are partially furloughed and working reduced hours. Since employees report their hours worked to the EDD every two weeks, they will not need to create a new claim every time they are pitching in for a time, rather they will just report how many hours they work each week and what their earnings are and the EDD will send payment accordingly.



Suggested Furlough Language:

Dear Employee:

Unfortunately, and since approving your request for a personal leave of absence, we have experienced a marked downturn in patient count. As a result of this unforeseen change in circumstances, I regret to inform you that [Company] is placing you on temporary furlough commencing upon receipt of this message and continuing until further notice. While on furlough, you are relieved of all duties and you should not perform any work.

You will not earn any wages while on furlough and will not accrue any vacation, or other benefits. You will receive a check representing payment for all accrued but unused vacation time under separate cover. However, [Company] will maintain your health care benefits through the end of this month.

You may be eligible for Unemployment Insurance (UI). More information on UI and other resources available for workers is available at labor.ca.gov/coronavirus2019. Additionally, enclosed with this memorandum is a Notice of Change in Relationship form that confirms the change in your employment status, and a copy of the Employment Development Department's pamphlet entitled, "For Your Benefit – California's Programs for the Unemployed" (Pamphlet DE 2320), which also explains employees' benefit rights.

We will continue to monitor developments as they occur. We will contact you again near the end of the month to update you on the status of our operations and your job. If your personal phone number, email address or mailing address have changed recently, please provide your current contact information to me immediately.

[Insert text concerning the current office/CDC required safety precautions and measures – as much or as little as you choose to say designed to globally answer the litany of individual questions posed on the subject.]

We obviously regret needing to take this action and hope that we will be able to reinstate you to work. In the meantime, we hope that you and your family are healthy and encourage you to be safe as we face this challenge together.

With respect to the Notice to Employee of Change in Relationship form - rather than checking any of the listed boxes, we recommend writing in the "Comments" section:

Furloughed due to lack of work in connection with county and state "Shelter in Place" orders – anticipated return to work consistent with lifting of referenced orders and return of normal business volume.

It is relatively straight forward to get an employee back from furlough. It will be up to the manager to call the employee and make sure they are available to come back to work and then once it is decided, HR will send an email that explains how many hours/week they can expect to work, the pay, the reason, and the expected length of the recall. The employee then works for as long as they are needed, and then HR will provide another Notice to Employee form when they go back on a full furlough.



Basically, the term furlough will apply to all situations – employees are either fully furloughed and working no hours or they are partially furloughed and working reduced hours. Since employees report their hours worked to the EDD every two weeks, they will not need to create a new claim every time they are pitching in for a time, rather they will just report how many hours they work each week and what their earnings are and the EDD will send payment accordingly.

Paid Sick Leave Under State and Local Laws

Employees may be eligible to use paid sick leave under state and local law. For example, California’s Labor Commissioner has issued FAQs on California’s paid sick leave law during the coronavirus epidemic and explains, “Paid sick leave can be used for absences due to illness, the diagnosis, care or treatment of an existing health condition or preventative care for the employee or the employee’s family member. Preventative care may include self-quarantine as a result of potential exposure to COVID-19 if quarantine is recommended by civil authorities.” For more information about California paid sick leave, see the Labor Commissioner’s FAQ here: <https://www.dir.ca.gov/dlse/2019-Novel-Coronavirus.htm>.

Resources:

- [California’s Programs for the Unemployed](#)

■ **Finding Cash**

Health Care specific funding sources under the CARES Act/COVID-19 changes

CMS CARES Act Provider Relief Fund

- No application needed - <https://www.hhs.gov/provider-relief/index.html>
- Monies are automatically being sent to Medicare providers via EFTs in your account
- Payment is based on a ratio of your CMS billings for 2019 compared to the total CMS billings
- Physicians are already receiving payments

CMS Advance Payment Program

- Apply through Noridian’s website <https://med.noridianmedicare.com/web/jea/topics/emergencies-disasters>
- Based on three-months’ worth of payments from Medicare
- Repayments start at 120 days, and must be recouped by 210 days
- Unpaid balance at 210 days may be subject to interest
- Must have:
 - Filed a Medicare claim within the last 180 days
 - Not in bankruptcy
 - Not in active medical review, program integrity review, including TPE / RAC audits
 - No delinquent overpayments, even if you feel they are wrong but are accused of owing them

Non-government payers are utilizing similar advance payment programs, including Blue Shield of California



FCC Connected Care Program

- \$100 million for individual providers and medical groups to enhance telehealth capacity for low-income and veteran patients

California HealthNet Telehealth Adoption Grant

- Up to \$125,000 per award for independent practices

In total \$130 billion in funding for health care organizations was authorized under the CARES Act, and HHS is working on releasing details and application processes for the various new programs. An updated table of funds and grants, who is eligible, and how to apply can be found at <https://www.mossadams.com/articles/2020/03/current-health-care-funding-sources-covid-19>.

Loans

Small Business Administration loans

- Economic Injury and Disaster Loans (EIDL)
 - Must meet small business definitions
 - Up to \$2 million, up to 3.75% interest rates, and up to 30 year terms
 - Not eligible for the loan forgiveness
 - Apply online at <https://disasterloan.sba.gov/ela/>
- SBA EIDL Advance Loan
 - Must meet small business definitions
 - Advances of \$10,000 within three days of successful application
 - Does not need to be repaid
 - Apply online at <https://disasterloan.sba.gov/ela/>
- SBA Bridge Loans
 - Must meet small business definitions
 - Bridge loan of up to \$25,000 to keep the business operating with the EIDL loan is being processed
 - Will need to be repaid
 - Apply through an SBA express lender
 - SBA details found at <https://www.sba.gov/sites/default/files/2020-03/Express-Bridge-Loan-Pilot-Program-Guide-FINAL-3.25.20.pdf>
- SBA Payroll Protection Program ('PPP') Loans
 - Small Business Administration (SBA) application for borrowers of a Paycheck Protection Program (PPP) loan must use to determine the amount of the loan that may be "forgiven" by their lender. Forbes article - <https://www.forbes.com/sites/anthonyнити/2020/05/16/sba-releases-paycheck-protection-program-loan-forgiveness-application-a-deep-dive/#443c5d981b2f>
 - Interest rate of 1%, and repayment terms of two years
 - \$349 billion fund allocated on a First-come-first-serve basis
 - Must either meet the small business definitions from the SBA, or else have 500 or fewer

employees

- Maximum loan is 250% of the adjusted monthly payroll amount, but not more than \$10 million in total
- May be forgiven in whole, or in part based on four factors:
 1. Using the loan funds for qualified expenses in the first eight weeks of the loan
 2. Payroll must account for at least 75% of the spending in the first eight weeks in order to maximize the forgiveness provisions
 3. Maintaining the employee headcount
 4. Compensation reductions for any employee do not exceed 25%
- Regulations outlining the forgiveness rules are still pending
- Apply through your bank
- Participation in the PPP loan precludes organizations from being eligible for the Employee Retention Credit or the Payroll Tax Deferral program

A persistent issue on the SBA loans is whether related businesses need to be counted as a single consolidated group, or whether they should each be considered separately. The SBA has indicated on its website that it is the primary responsibility of the applicant to make that determination. The rules can be very complex. While Congress is looking at simplifying the rules, it is a best practice to consult with an attorney if you have questions about the SBA's affiliation and integrated entity rules.

- Federal Reserve backed loans for mid-sized organizations
 - Loans for businesses with between 500 and 10,000 employees
 - Terms of up to five years
 - Interest rates of up to 2%
 - Many commitments and restrictions on the borrower, including:
 - Maintaining employment levels of at least 90% through September 30, 2020
 - No dividends, no capital distributions, restrictions on stock repurchases, and other limitations for the duration of the loan plus an additional twelve months
 - Commitment to not outsource or offshore jobs for the duration of the loan plus two years
 - Employees who received more than \$425,000 in compensation in 2019 generally cannot receive wage increases over the 2019 levels for the duration of the loan plus twelve months
 - Employees who received compensation above \$3 million in 2019, generally will be subject to required compensation reductions for the duration of the loan plus twelve months.
 - Regulations on what is considered 'compensation' have yet to be issued
 - There are additional restrictions and obligations which you are encouraged to carefully review before using this loan program.
 - An announcement about the program was posted on the Federal Reserve's website on April 9, 2020_
<https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm>

- Employee retention credit
 - Not available to businesses who participate in the payroll protection program, even if they don't receive loan forgiveness
 - Eligible businesses had either (1) full or partial shutdowns based on government orders or (2) gross receipts declined by more than 50% from the same quarter in the previous year
 - Eligible businesses will remain eligible until gross receipts are at least 80% of what they had been in the same quarter in the previous year
 - Credit is 50% of the firm \$10,000 in wages paid to eligible employees
 - For businesses with 100 or fewer employees may claim the credit for all employees
 - For businesses with more than 100 employees may claim the credit on certain wages paid to specific individuals who are either (1) not performing services due to the pandemic, or (2) are working reduced hours as a result of the pandemic.
- Payroll tax deferral
 - Not available to businesses who participate in the payroll protection program, even if they don't receive loan forgiveness
 - Defers the employer-portion of the social security payroll tax from mid-March through the end of December, 2020
 - 50% of the deferred deposits will be due by 12/31/2021
 - The remainder will be due by 12/31/2022
- Qualified Improvement Property Change
 - Allows 100% depreciation on qualified improvement property, which is generally non-structural improvements to the interior of a building
 - Retroactive to 2018
 - Allows organizations to file for refunds on the excess taxes they paid in 2018 and 2019 as a result of taking this additional depreciation
 - Consult with your tax preparer on taking advantage of this provision
- Changes to Net Operating Losses
 - Allows net operating losses for C corporations to be carried back for up to five years to potentially receive refunds on taxes paid in previous years
 - Applies to C corporations
 - Consult with your tax preparer on taking advantage of this provision
- Changes to excess business loss rules
 - Removes excess business loss rules retroactive to 2018 which will continue through 2021
 - Consult with your tax preparer on taking advantage of this provision

Articles, webinars, and tools relating to these tax law changes, as well as changes to individual tax laws, can be found at <https://mossadams.com/covid-19-implications>

Summary:

Pragmatically, the Payroll Protection Program through the Small Business Administration has been the most popular option among the loans for medical groups, even though it precludes them from receiving the employee retention credit or participating in the employer payroll tax deferral program.



A challenge many groups have faced is finding a bank willing to work with them to submit an application. The loans are tied to the owner of the business, not the entities' tax ID number. So, if a physician is an owner in several entities, the loans are tied to him/her as the owner. Banks seem to be giving preference to individuals who have a business account/loan with their institution and maybe even also a bank credit card over individuals who do not currently have a relationship with the bank. Some banks are willing to make loans without an existing relationship. It is unclear, at this time, how banks will handle a situation if the physician applies for loans with more than one bank to help ensure that one of the banks will still have funds available. If you are involved in multiple related business, you should consult your attorney/CPA for help in determining which loans are most beneficial to your practice.

We have heard that Farmers and Merchant Bank, if you are within 50 miles of one of their branches, is accepting some applications from practices who are not current customers. Intuit (the developer of QuickBooks) has also announced that they are processing applications as well.

Congress is strongly considering adding more funding to the PPP program, and the Federal Reserve announced on April 9th that it is providing additional support to banks who participate in the program. The regulations outlining how loan forgiveness will work have not been released. We have a general idea from the CARES Act, but there are still questions to be answered. Congress and the SBA intended to make it possible for 100% of the loan to be forgiven as long as you meet the criteria. The loan is forgiven, and the forgiven debt is not part of federal taxable income; however, it will be treated as taxable income for California unless California changes its current rules.

The tax impact of the qualified improvement property change coupled with the changes in net operating losses and excess business losses is huge. Many practices will be eligible to receive significant refunds based on these provisions alone. It requires reaching out to your CPA or tax preparer to analyze your situation, and to file the necessary forms.

For more information contact: Christopher Bell, CPA, Partner, Moss Adams
Phone: 209-955-7494 Mobile: 916-606-8598
Chris.bell@mossadams.com

Creative Planning CARES Act Reference Guide
<https://creativeplanning.com/blog/guide-for-covid-19-assistance/>

■ Practice Survival Management Techniques

One of the most striking manifestations of the current pandemic is the effect on our practices; in terms of simultaneous loss of patient volume, demand for our services, and the shutting down of elective outpatient / inpatient surgery. Flow of patients is the lifeblood of every Orthopedic practice. In this unique pandemic environment, we must learn ways to manage the loss of office patient volume, while at the same time manage the cash flow necessary to keep the practice alive.



Expense Management:

Managing cash flow is primarily focused upon control of expenses.

The vast majority of practices have three main expense areas:

- ✓ Rent
- ✓ Payroll
- ✓ Insurance

Uniquely, the pandemic itself will not last forever. Based upon the experience in New York and around the globe, the impact of the pandemic follows a pattern of months from exposure, thru infection, thru plateauing, and hopefully thru resolution via vaccine / testing, distancing, etc. The peak in California should occur in the next few weeks, followed by a plateau phase, and then a slow resumption of normality. It is advisable to plan for 3 to 4 months of practice disruption when focusing your cash flow strategy.

Suggest the following:

Rent - Some landlords will agree to a deferment of rent. In our office, we negotiated a 3-month deferral, with the deferred amount amortized over the life of the lease tacked onto our monthly rent. If we can afford to pay some each month, it just decreases the deferral.

Payroll – There are several options discussed in previous sections of this White Paper. We chose to retain staff on the payroll, but decrease the numbers of bodies in the office to limit viral spread and improve social distancing. We are seeking a loan via the SBA Paycheck Protection Program equal to 2 ½ times our monthly grossly payroll to defer the costs of retaining the employees.

Insurance – We are maintaining our malpractice insurance, health insurance, and facility coverage. Have not had any luck in getting insurers to decrease premiums, especially the health insurance. However, some medical malpractice companies are offering a waiver of a couple of months of medical malpractice premiums.

Revenue Enhancement:

Revenue generation is critical to any practice success. The keys are how to adapt to the unique pandemic environment where patients really want to avoid being exposed to the virus, facilities want to avoid any operation that may lead to a drain in resources, and with the increase in unemployed and under employed patients, financial resources to pay for care are stretched thin. Several strategies to navigate these tough times include a shift to a digital practice platform, Contacting existing patients to make sure they are aware that you are available to be seen, and working with our surgery centers to develop a protocol and hierarchy to be able to perform surgery when it really needs to be done.

Adopting a digital practice platform as an adjunct to the traditional office visit - For those patients for whom an x-ray or hands on physical exam is not necessary, using one of the digital platforms for the visit is easy and convenient. We use Doxy.me in our practice. This is perfect for post-op exams, follow-up on low back pain, or follow-up on injections. This is an ideal way to



review results of imaging with the patient. One of the keys is to make sure the patient is aware of charging (when appropriate) for the visit ahead of time. Patients need to be told that the virtual Telehealth visit is in lieu of the normal office visit. Insurers have been directed by the State to pay for the visit the same as an actual in office visit, including co-pays and deductibles. Remember, you will need to bill for services and collect deductibles and co-pays like any other office visit.

Contacting existing patients previously seen in the practice - One of the greatest assets in any practice is the “bank” of previously seen patients. Contacting these patients by sending out an e mail individually to your patient base, just letting them know you are still open and available, is key to generating additional work. A number of these patients will be thrilled to know that you can be seen via the Telehealth portal as opposed to risking viral exposure. At the time of contact patients can be advised about protection (distancing, masks, waiting in the car until called) as well as options of the Telehealth portal, costs. etc. Just letting old patients know you are thinking of them at this time of pandemic will pay dividends later.

Working Accounts Receivable – Transition staff to work on outstanding AR balances.

Surgery center use strategy - Many of our patients truly have urgent issues that need to be surgically addressed. A locked knee, displaced wrist fracture, or an acute, massive rotator cuff tear just do not do well being deferred for months into the future. We need to act as an advocate for our patients. All surgery centers should set up a protocol where these cases can be reviewed individually and when appropriate, surgery performed. This will take aggressive action on our parts to make sure that shuttering the surgery center does not negatively affect our patients.

CMS is temporarily allowing outpatient surgical centers (ASCs) to register as a hospital. This allows the facility to bill the higher facility fee for services rendered to Medicare patients.

Augmenting existing lines of work - Medical legal work typically can be done remotely or even at home when it comes to review of records. Interestingly, most of the AME/QME exams are being cancelled as patients are very cautious about coming to the office. Telehealth Workers’ Compensation visits are now being done routinely for follow-up evaluations where hands on exam is not required. Personal injury was interrupted for a couple of weeks and has now resumed now that the courts have figured out how to operate remotely. Even considering locum tenens work to cover emergency rooms for trauma is a good strategy to stay working. Hospital are expanding access to staffs to help cover trauma that still requires immediate intervention. Orthopaedic offices are seeing some of the cold trauma in their offices.

Through the dual approach of **Expense** management and **Revenue** enhancement, we can manage this pandemic environment and still maintain a viable practice for the future.

■ **Telehealth**

[Getting Started](#)

You can use Facetime /Google Hangouts/Zoom under the Medicare waivers. Patient communications do not need to be HIPAA compliant



Pros: No setup/ no app to download/ can use immediately

Cons: Frustration if patient is not answering/ patient can capture your personal phone number/ some patients do not have a smart phone. You can create a dummy email address [add it to FaceTime](#) and use it in the [caller ID settings](#) of FaceTime to maintain privacy. After you are done with your visit, you can remove this email from being able to be contacted via FaceTime.

Choosing a telehealth service; This is the hard part.

Issues:

1. App based- patient must download or no app - patient receives link on their device (faster)
2. Wasting MD time contacting patient – often not there, sorting out technical difficulties
3. Free service vs. paid – many services are so overwhelmed that customer service is spotty for now
4. Determine if you want it to incorporate with your EMR- for long term use
5. Need an easy workflow so MA can check them in and notify you when they are in the waitingroom (doxy.me, VSEE for example)
6. Generates note while using an app – (AXS- ortho focused telemedicine app)

Resources to help you bill telehealth services

- AAOS Telehealth Resource Guide – excellent guide – has everything you need regarding billing and getting started - <https://www.aaos.org/globalassets/about/covid-19/aaos-telemedicine-resource-guide.pdf>
- CMS Resources
Note: difference in telephone calls and video conferencing reimbursements and coding. During pandemic, use modifier -95 to note telehealth and -02.

Center for Connected Health Policy – Medicare Telehealth Update

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

CMS specifics - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctst.pdf>

CMS Directive – ER patients go directly to skilled nursing facilities – <https://www.cms.gov/files/document/se20011.pdf>

The Center for Medicare and Medicaid Services (CMS) list of services that are normally furnished in-person that may be furnished via Medicare telehealth: <https://www.cms.gov/Medicare/Medicare-GeneralInformation/Telehealth/Telehealth-Codes>

- Specific Payor Guidelines – Excel spreadsheet by payor_ <http://www.multibriefs.com/briefs/coaorg/payortelehealth.pdf>
- Telehealth CPT Guidelines
- AMA Coding Guide- good examples – <https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf>



- Telehealth CPT Guidelines
- KarenZupko & Associates Telehealth Solution Center – this center contains a lot of very useful information on billing telehealth services: <http://www.karenzupko.com/KZA-telehealth-solution-center>

There is a quick reference telehealth summary chart on the KZA site under the “Telehealth Summary” tab: <http://www.karenzupko.com/KZA-telehealth-solution-center>

- Workers’ Compensation
Daisy Bill – Telehealth for California Workers’ Compensation –
<https://daisybill.wistia.com/medias/cslulay42t>

Division of Workers’ Compensation (DWC) Guidance on Medical-Legal Telehealth Evaluations -
<https://www.dir.ca.gov/DIRNews/2020/2020-26.html>

Vignette Telemedicine

1. Established patient contacts office with increasing left knee pain and concerns over scheduling an office visit due to COVID-19 pandemic. A telemedicine appointment is scheduled at patients request. Using real-time audio and video, a detailed history and ROS are obtained from the patient and minimal physical examination elements documented. A diagnosis of osteoarthritis of the knee is documented and recommendations for 800mg IBU BID and therapeutic ice application PRN. After discussion of the plan, it is determined that no office follow up is recommended at this time (MDM). Total time spent during the (MDM & F2F) encounter is 30 minutes

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Vignette e-visit

2. Established patient contacts office via patient portal email for increased symptoms of knee pain related to diagnosis of moderate knee osteoarthritis. Over a period of 7 days, 3 emailed communications are sent to the patient recommending conservative treatments of OTC NSAID and therapeutic icing. The emails are documented and retained in the patient’s electronic health record. Total time period spent in medical decision making and response is 23minutes.

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■ Getting Back Into Practice

The coronavirus disease 2019 (COVID-19) pandemic has become the dominant health-care issue of this generation and has reached every corner of the health-care delivery spectrum. Our 3 orthopaedic departments enacted a response to the COVID-19 pandemic within our organizations. We discuss our health-care systems’ response to the outbreak and offer discussion for the recovery of the orthopaedic service line within large health-care systems.

https://www.jbjs.org/elensreader.php?type=pdf&id=106945&rsuite_id=2422040&topics=&native=1

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