FCAAP’s COVID-19 Related FAQs – Week One

FCAAP worked with Drs. Mobeen Rathore, Tommy Schechtman, Lisa Gwynn, and Paul Robinson in the compilation of this FAQ sheet, providing information and resources in response to questions posted by Florida pediatricians. This information is provided as of March 31, 2020 and is subject to change without based upon new information, resources, and directives from federal, state, and local authorities and medical experts. The information shared in this FAQ will NOT be updated to reflect changes. Please visit the FCAAP COVID-19 resource page for the most up-to-date information. This information is provided only as general guidance and is not being offered as a medical or legal opinion.

QUESTION: Are pediatricians still allowed to perform in office or at hospital newborn elective circumcisions, considering that these are only done in the first weeks of life without general anesthesia, and that there is no special PPE needed? Thank you.

RESPONSE: Circumcisions are still being allowed; however, the definition of elective procedures may change to include circumcisions as things progress.

QUESTION: Wondering why daycare centers are still open for the most part? I feel that these are possibly vast reservoirs for COVID-19 like they are for every other respiratory virus out there. Is there anything be done on state level to see about closing daycares? Has it been done elsewhere, and did it help?

RESPONSE: FCAAP sent a letter to Governor DeSantis on March 30 requesting that he close daycares for this very reason! FCAAP is also asking for a statewide “shelter at home” order. As of the posting of these answers, it is unknown whether Governor DeSantis will issue an order on either issue.

QUESTION: To one extent does manage Medicaid pay for telephone codes as well as non-face-to-face virtual checking such as G2012 And G2010?

RESPONSE: AHCA is announcing that they are paying for telemed visits, but also for other e-visits such as telephonic visits. There is a list of CPT codes and required documentation for those codes to be accepted. Florida Healthy Kids and CHIP are paying for direct telemed appointments.

QUESTION: What if a member of our team (private pediatric practice) gets diagnosed with COVID19? What is the procedure for the rest of us, if we remain asymptomatic? Close office and quarantine everyone?? Inform patients or not? Get tested, wear PPE and continue to work if negative and asymptomatic? Please advise. Thank you.

RESPONSE: There is not a lot of clear direction on this subject. Each situation will be different. If a team member has tested positive for COVID-19, they should be quarantined. Other team members who have been exposed but not tested or showing clinical signs of illness should wear a surgical mask and gloves in all patient encounters and should take their temperature one or twice a day. If the staff member begins to show clinical signs of illness, they should be quarantined.

QUESTION: what is the re-infectivity of COVID19?

RESPONSE: We don’t know the answer to this question since we are in the first season of COVID-19. At this time the biologically plausible assumption is that once an individual gets COVID-19 they are immune and will not get re-infected. We will learn more in subsequent seasons.
QUESTION: I have the test. Last week I conducted about 10 tests, all in non-risk factor patients. One came back positive. A 16-month-old daycare attendee. He is not even registered by Health Department as a case! Of course, they were notified. Big retaliation came after I had to inform the practice of the positive result. Now I cannot test anyone. Where do we stand?
RESPONSE: If COVID-19 is suspected patient should be tested if possible and positive results must be reported to the health department.

QUESTION: What are our rights as pediatricians and our obligations to our patients? I ask this because I am in a practice that has not protected pediatricians nor staff. I have one single N95 mask that I received by charity. My patients want to be tested. I am forbidden to test.
RESPONSE: This is a difficult time for physicians, healthcare workers and administrators, we are all trying to navigate the current unprecedented situation without a compass. This has led sometimes to confusion and confrontation between staff and administration with regard to such issues as testing, wearing masks, deciding between in-office visits vs. virtual visits. As physicians we must first always do what is right for our patients and we must remain steadfast as leaders in our practices. We all must come together as a team and support one another during these challenging times. When it comes specifically to testing, we need to recognize that supplies remain very limited and therefore test only those who meet the CDC criteria for testing.

QUESTION: What avenues can medical students utilize to assist during this time and is there anyone we can contact to facilitate that process in Miami-Dade County? A group of students and I considered childcare for healthcare workers and grocery services for at-risk populations but have hit many dead- ends. Any help/resources would be appreciated!
RESPONSE: Childcare centers are being shut down. However, below is a resource for food distribution sites in Miami Dade and South Florida. And here is a link for food: https://summerbreakspot.freshfromflorida.com and http://farmshare.org/food-distributions/

QUESTION: How do we ensure telemed well visits get paid by payors?
RESPONSE: Using the correct CPT codes and providing the required documentation is necessary to ensure that the telemed visits are accepted and paid for by the plans.

QUESTION: If a patient has dry cough and mom thinks he has Covid19 but was not tested can I give oral steroids or cough suppressant or no?
RESPONSE: There are no data on the effect of steroids in COVID-19 patients. Cough suppressant should be fine for symptomatic treatment.

QUESTION: I am curious if the DOH Dashboard numbers are low- my hospitals have reported more total tests than listed in the DOH dashboard. Is the DOH dashboard only PHD or DOH testing?
RESPONSE: It is possible that there is a delay associated with the dashboard such that it does not reflect the numbers in real-time; however, that is only a guess.

QUESTION: For rural health clinic can we get paid with the wrap around?
RESPONSE: The FCAAP experts are not able to answer this question at this time.

QUESTION: For telemedicine do you require a specific program, or can you use a dedicated iPhone line and your existing EMR?
RESPONSE: You do not need to use any separately dedicated phone line. You can use your existing EMR but must appropriately document that it is a telehealth visit, the time spent, location of the patient, appropriate billing codes.

QUESTION: I thought there was HIPPA free zone?
RESPONSE: Yes, the HIPPA regulations for video conferencing platforms have been lifted, including FaceTime.

QUESTION: Do we change gloves between patients, or can we wash our hands with gloves on?
RESPONSE: Change gloves between patients. Of course, if there is shortage of gloves we may have to consider alternatives.

QUESTION: Are the commercial plans aligning with the CMS approval of the 1135 waiver for the state of Florida for both Medicare and Medicaid for Telemedicine... commitment of the plans to reimburse our current exchange primary care in office rates for telehealth
RESPONSE: A full documented report will be shared in the near future, answering this question in detail.

QUESTION: Any updated information about asymptomatic carriage of SARS CoV2 and recommendations for high risk staff?
RESPONSE: Some individuals will be asymptomatic when they are carrying the Coronavirus, especially in the incubation period. Those who are asymptomatic or have mild disease are less likely to spread the infection. The risk of spread however is not zero.