

While your health system or hospital may already have sufficient policies and processes in place to capture the universe of all "rule-in" or "rule-out" COVID-19 patients, the new legislation passed last week (3/18/20) known as The Families First Coronavirus Response Act (COVID-19 2.0) and The CARES bill, which passed the Senate yesterday and is expected to be passed by the House today (COVID-19 3.0), require governmental and commercial health plans to reimburse clinicians for both testing and treatment for suspected COVID-19 patients. Testing and treatment should be at no cost sharing to the patients for office, urgent care centers (UCC), and ED place of service (POS) evaluation and management (E/M) service codes.

## It is vital that data is captured on the universe of these patients treated in the ED and UCCs.

Therefore, we are recommending a statement like the one below is included within the documentation to clearly capture the universe of patients. In certain EMRs, this statement could be linked to an order in the EHR that applies to all potential COVID-19 patients—that order could be an isolation order for a room or placement designation for example:

"\*\*Patient Name\*\* was evaluated in the Emergency Department on \*\*Date\*\* for the symptoms described in the history of present illness. He/she was evaluated in the context of the global COVID-19 pandemic, which necessitated consideration that the patient might be at risk for infection with the SARS-CoV-2 virus that causes COVID-19. Institutional protocols and algorithms that pertain to the evaluation of patients at risk for COVID-19 are in a state of rapid change based on information released by regulatory bodies including the CDC and federal and state organizations. These policies and algorithms were followed during the patient's care in the ED."

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