

## Non-Emergent, Elective Medical Services, and Treatment Recommendations

To aggressively address COVID-19, CMS recognizes that conservation of critical healthcare resources is essential, in addition to limiting exposure of patients and staff to the virus that causes COVID-19. CMS also recognizes the importance of reducing burdens on the existing health system and maintaining services while keeping patients and providers safe. CMS, in collaboration with medical societies and associations, recently created recommendations to postpone non-essential surgeries and other procedures. This document provides recommendations to limit those medical services that could be deferred, such as non-emergent, elective treatment, and preventive medical services for patients of all ages.

A tiered framework is recommended to prioritize services and care to those who require emergent or urgent attention to save a life, manage severe disease, or avoid further harms from an underlying condition. Decisions remain the responsibility of local healthcare delivery systems, including state and local health officials, and those clinicians who have direct responsibility for their patients. In providing in-person care to patients during the pandemic, particularly prenatal and maternity care, healthcare providers should continue to direct patients to accredited facilities and ambulatory care sites. However, in analyzing the risk and benefit of any medical treatment or service, the clinical situation must be assessed to ensure conservation of resources. These recommendations are meant to be refined over the duration of the crisis, based on feedback from subject matter experts. Professional societies are also developing resources for their specialties. Given this, CMS urges healthcare facilities and clinicians to consider the following tiered approach to curtailing non-emergent, elective medical services and treatment. Additionally, healthcare facilities and clinicians may wish to consider expanding capacity to manage a surge of patients seeking care. We anticipate there is likely to be a significant rise in patients with COVID-19 in the upcoming weeks.

### Key considerations:

- Current and projected COVID-19 cases in the community and region
- Ability to implement telehealth, virtual check-ins, and/or remote monitoring
- Supply of personal protective equipment available at the practice location and in the region
- Staffing availability
- Medical office/ambulatory service location capacity
- Testing capability in the local community\*
- Health and age of each individual patient and their risk for severe disease
- Urgency of the treatment or service

\* Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. See [CDC guidance regarding Criteria to Guide Evaluation and Laboratory Testing for COVID-19](#)

Tiers	Definition	Locations	Examples	Action
<b>Tier 1</b>	<b>Low acuity treatment or service</b>	<ul style="list-style-type: none"> <li>• Medical office</li> <li>• FQHC/RHC*</li> <li>• HOPD**</li> <li>• Ambulatory care sites</li> </ul>	<ul style="list-style-type: none"> <li>• Routine primary or specialty care</li> <li>• Preventive care visit/screening</li> <li>• Annual Wellness or Welcome to Medicare Initial Preventive Visit</li> <li>• Supervised exercise therapy</li> <li>• Acupuncture</li> </ul>	<p>Consider postponing service</p> <p>Consider follow-up using <a href="#">telehealth, virtual check-in, or remote monitoring</a></p>
<b>Tier 2</b>	<p><b>Intermediate acuity treatment or service</b></p> <p>Not providing the service has the potential for increasing morbidity or mortality</p>	<ul style="list-style-type: none"> <li>• Medical office</li> <li>• FQHC/RHC</li> <li>• HOPD</li> <li>• Ambulatory care sites</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric vaccinations</li> <li>• Newborn/early childhood care***</li> <li>• Follow-up visit for management of existing medical or mental/behavioral health condition</li> <li>• Evaluation of new symptoms in an established patient</li> <li>• Evaluation of non-urgent symptoms consistent with COVID-19</li> </ul>	<p>Consider initial evaluation via telehealth; triage to appropriate sites of care as necessary</p> <p>If no current symptoms of concern, consider follow-up with virtual check-in</p>
<b>Tier 3</b>	<p><b>High acuity treatment or service</b></p> <p>Lack of in-person treatment or service would result in patient harm</p>	<ul style="list-style-type: none"> <li>• Medical office</li> <li>• FQHC/RHC</li> <li>• HOPD</li> <li>• Ambulatory care sites</li> <li>• Emergency department</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation of new symptoms in a new patient</li> <li>• Evaluation of symptoms consistent with COVID-19, with warning signs including shortness of breath, altered mental status, or other indications of severe disease</li> </ul>	<p>We would not recommend postponing in-person evaluation; consider triage to appropriate facility/level of care as necessary</p>

\*Federally Qualified Health Care/ Rural Health Clinics

\*\*Hospital Outpatient Department

\*\*\*If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible (see also CDC guidance for further information: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>)