



## Elective Surgery Guidance – Supplemental FAQs

Illinois Department of Public Health (IDPH) guidance on elective surgical procedures during the COVID-19 pandemic is provided to assist in keeping health care facilities safe for patients and staff and suppressing the spread of COVID-19.

This guidance does not replace the primacy of professional medical judgment in assessing individual patient needs and cannot address every factor, such as patient, place, procedure, urgency, facility, and anesthesia modality. The Centers for Disease Control and Prevention (CDC) and other professional society guidance should be considered when assessing best practices. In situations where relevant guidance is not available; the soundest practice is to protect patients and staff based on the analysis of risks and benefits.

IDPH offers the following answers to frequently asked questions:

- Q1. When is COVID-19 testing required prior to an elective surgical procedure? Is COVID-19 testing required only when using general anesthesia or is it mandatory for all levels and types of anesthesia/analgesia?
- A1. The following individuals should be tested for COVID-19:
- Those patients admitted to the hospital for an inpatient elective procedure in an operating room;
  - those patients whose outpatient elective procedure will take place in an operating room or a procedure room in a hospital or ambulatory surgical treatment center (ASTC);
  - those patients having an elective procedure under general anesthesia; and
  - those patients (regardless of type of anesthesia) undergoing an elective procedure of the aerodigestive tract, including endoscopy, colonoscopy, or bronchoscopy.
- Q2. Do patients have to be tested within 72 hours of the procedure?
- A2. Facilities should test each patient within 72 hours of a scheduled procedure and the patient must self-quarantine from the time of the test until the surgery.
- Q3. Where should pre-op patients get tested?
- A3. Referring providers should make arrangement for testing, just as they would for any other required pre-procedural evaluation. COVID-19 testing is reimbursed by major insurance carriers without a patient copay.
- Q4. What defines “elective?”
- A4. Elective care is scheduled and is not an emergency.

- Q5. What defines “a procedure?”
- A5. A procedure in the context of this guidance is an intervention that requires informed consent, involves entering the individual’s body with an instrument or tool for the purpose of making a diagnosis, delivering therapy, or providing relief of symptoms.
- Q6. Does this guidance pertain to patients who will receive local anesthesia for a procedure that does not involve the upper respiratory/gastrointestinal tracts, nor has potential for aerosol generation?
- A6. Clinical judgment must take into consideration the type of procedure, the length of time the patient will be at the facility, the patient’s pre-procedural health screening, and the local community prevalence and incidence rate of COVID-19.
- Q7. Is COVID-19 testing required for a caesarean section or induced labor?
- A7. No. However, a facility’s maternity plan should recommend testing the patient for COVID-19 prior to deliveries or caesarean sections. A positive test should inform care decisions in order to mitigate the spread of COVID-19 infection to the newborn and to staff.
- Q8. Does this guidance apply to office-based procedures?
- A8. No.
- Q9. Who has the responsibility to inform the patient of a positive COVID-19 test result?
- A9. The ordering provider should inform the patient of the test result. A patient with a positive test result also will be contacted by the local health department.
- Q10. Who is responsible and liable for protecting the confidentiality of a patient’s personal health information when they receive a COVID-19 test?
- A10. An entity that collects personal health information in the course of conducting COVID-19 testing is subject to the same state and federal privacy laws related to COVID-19 tests as it is for any other medical test.
- Q11. Will contact tracing be conducted by DPH or the local health Department after a positive test result?
- A11. Yes.
- Q12. How are health systems going to be reimbursed for providing this testing prior to an elective procedure?
- A12. Providers should submit a medical claim to the patient’s insurance carrier.