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orthopedic, bariatric, fertility and ophthalmic treatment are also significant sectors, the consultancy says.

The CDC has a "Yellow Book" of health information for international travel, including a chapter on medical tourism, advising patients on preparation for foreign treatment. For example, they say patients should be "up-to-date on all routine vaccinations and consider immunization against hepatitis B virus before travel" and consult a travel medicine specialist before going. The CDC also publishes a list of global travel destinations and related epidemiological alerts, some of which advise extra caution in certain circumstances (for example, against Dengue in some Asian and Pacific Island nations).

The AMA advises stateside physicians that patients who develop complications from overseas treatment "may need extensive follow-up care when they return home ... [and] pose public health risks to their home communities as well," according to its code of ethics.

How to handle travelers

How does this affect the provider of a medical tourist? You'll want to chart a plan with the patient and keep your lines of communication open.

The best start is an office visit to discuss the travel surgery. Wesley Jacobs, founder of Apollo Medical Travel LLC in Matthews, N.C., a company that connects clients with overseas dental care as well as general and cosmetic surgery, says that Apollo encourages all their clients to have "a routine check-up at home prior to their procedure."

Dental patients are encouraged to send the overseas provider X-rays prior to care abroad, while other patients are asked to "fill out a health screening, and may be required to send over lab work prior to making their trip," Jacobs says.

Consider additional important tips

- Get patients' shots sorted. Eric Fader of the Rivkin Radler law firm in New York City recommends a review with
 the patient of all the CDC checkboxes, especially when it comes in immunizations. "These days, with COVID on
 top of other tropical diseases, it's a whole new level of complexity compared to what it was before the pandemic,"
 Fader says. Also, patients should be aware ahead of time of COVID testing results for returning Americans, and
 make sure that service is available at their destination and that they can handle quarantine if the result is
 positive.
- Check with the Joint Commission International. Fader recommends that whatever facility your patient visits be listed by the global arm of the U.S. facility accreditation body, and that these and any other available ratings (not to mention news reports) be checked in advance of treatment.
- Try to get codes. ICD-10 and CPT codes are used globally, though they may not be required in every nation. Jacobs says the providers with whom Apollo Medical works are conversant with the codes, while their clients and stateside providers find their use "very helpful for ensuring our patients get continuity of care and insurance reimbursements." He also advises thorough documentation of "the work done, medication prescribed, and the technical details of the medical devices used, like dental implants."
- Have patients check in upon their return. Fader recommends a follow-up visit at home to make sure everything worked out.

When they go rogue

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But sometimes a patient will simply head off on medical travel without letting their provider know and then show up for follow-up with the news. "The situation puts more of a burden on the physician to gather as many facts as possible and turns the appointment into a much more complicated encounter," Fader says. He suggests a full set of labs and whatever other checks are dictated by the epidemiological status of the visited countries.

Some providers may consider such an incident a breach of faith that and consider resigning the patient, which can be a challenge (PBN 4/13/20). AMA's ethics code on medical tourism says that "physicians who are unable or unwilling to provide care in these circumstances have a responsibility to refer the patient to appropriate services." This suggests that if the patient is uncooperative with the heightened follow-up requirements the situation calls for, the provider may have cause to resign the patient.

In Fader's view, the patient's impetuousness affords at least some level of legal protection if care goes south because the patient didn't take precautions.

"If the physician came across a patient on the street who had some unknown problems and tried to help them, then Good Samaritan laws would protect that physician," Fader says. "So if the patient shows up in the doctor's office with potentially unknown and unexpected issues [from medical tourism], if the patient were to later bring a malpractice suit, the law would have to take into account that the provider was dealt a tough hand."

Resources

- CDC, Yellow Book of Health Information for International Travel: wwwnc.cdc.gov/travel/page/yellowbook-home-2020
- CDC on medical tourism destinations: <u>wwwnc.cdc.gov/travel/destinations/list</u>
- IMARC Group, "Medical Tourism Market: Global Industry Trends, Share, Size, Growth, Opportunity and Forecast 2022-2027," April 22: www.imarcgroup.com/medical-tourism-market
- AMA Code of Medical Ethics Opinion 1.2.13, "Medical Tourism": www.ama-assn.org/delivering-care/ethics/medical-<u>tourism</u>

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