

COVID Exposure & COVID+

To Skill or Not to Skill?



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When long-term SNF residents are exposed to or test positive for COVID-19, do they automatically qualify for a skilled stay under the COVID Waiver?

With COVID infections surging in many parts of the country, our PACS Consultants are being asked this question a lot lately. Therefore, we thought it might be helpful to share some information on this topic. The short answer is probably “No” for exposure alone and “Maybe” for a positive test result depending on the resident’s symptoms and skilled needs. Let’s take a closer look to better explain why.

- A diagnosis of COVID-19 (or the risk thereof) does not alone qualify a SNF resident for a skilled level of care. The Medicare Benefit Policy Manual (MBPM) states in chapter 8, §30, “A patient’s diagnosis or prognosis should never be the sole factor in deciding that a service is not skilled.”
- Skilled Criteria: It’s important to note that the criteria for skilling a resident in a SNF have not changed since the start of the pandemic. The criteria are:
 - Patient requires skilled nursing or rehab services that can only be performed safely or effectively by or under the supervision of skilled nursing or rehab professionals.
 - These services are required on a daily basis (7 days/week for nursing services or at least 5 days/week for rehab services).
 - Daily skilled care, as a practical matter, can only be provided in a SNF on an inpatient basis.
 - The services, and the duration and quantity thereof, are reasonable and necessary for the patient’s illness or injury. (Click here to access MBPM chapter 8, §30)
- COVID-19 may be reported in I0020B if it is the active diagnosis that best describes the reason for the skilled stay. Active diagnoses reported on the MDS must:
 - Have been documented by a physician within the last 60 days; AND
 - Have a direct relationship to the resident’s current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the MDS lookback window.

Another source of coding confusion related to COVID-19 is isolation. Residents with an active diagnosis may or may not qualify for the Extensive Services Nursing Clinical Category. In order to report isolation for active infectious disease and answer “yes” to MDS question 00100M2, these criteria must be met:

- The resident has a highly transmissible active infection.
- Contact, droplet, and/or airborne precautions must be in effect.
- The resident does not and cannot have a roommate due to this infection.
- The resident must remain in their room and all services are brought to them.

EXPECT AUDITS

Reviewing entities are increasing their focus on PDPM claims and emphasis on claims that utilized the COVID Waiver are expected. But remember--receiving an audit doesn't mean that you've done anything wrong.

MINIMIZE YOUR RISK

Think like a Reviewer! Skilled criteria state that the necessary services must require the heightened clinical skills of a licensed professional. If someone has only been exposed to COVID-19, what new interventions do they require post-exposure that they weren't already receiving prior to the exposure? Can those interventions only be provided by a licensed professional?

- Educate staff on documentation requirements to ensure that: Skilled criteria are met and are clearly documented in the medical record.
- The specific skilled services related to all MDS coding items are well documented in the medical record.

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