Updated CDC Guidance Released on Return to Work and Clinical Care

The Centers for Disease Control and Prevention (CDC) released two updated guidances on April 30, 2020, around criteria for returning to work for healthcare personnel (HCP) with confirmed or suspected COVID-19 and the discontinuation of transmission-based precautions and disposition of patients with COVID-19.

1. Updated Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19 - Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. This updated guidance includes the following:

   - Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms and the ‘time-based strategy’ for those without symptoms
   - Updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared.

The CDC specifically notes that after returning to work, HCP should:

   - Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
   - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

CDC also has information focused around strategies to mitigate healthcare personnel staffing shortages you might be interested in reviewing.

2. Updated Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings - This updated guidance includes the following:

   - Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms and the ‘time-based strategy’ for
those without symptoms, and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared.

- Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

According to the CDC, if a patient is discharged to a nursing home or other long-term care facility (e.g., assisted living community), AND transmission-based precautions:

- are still required, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.
- have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.
- have been discontinued and the patient’s symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

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**Update on FEMA PPE Supply to Nursing Homes**

FEMA will coordinate two shipments totaling a 14-day supply of personal protective equipment (PPE) to nursing homes across the nation.

By the beginning of July, each center will receive two separate packages containing a seven-day supply of eye protection, surgical masks, gowns, and gloves. Each center will receive an allotment of all four items based on the staff size of the facility.

The Level 1 medical gowns included in the shipments are intended for use in basic care settings for minimal risk situations. The gowns are durable and can be washed 30 to 50 times.

Due to the large number of nursing homes, centers are not likely to receive notification prior to their shipment arriving. However, as possible, FEMA will provide notification to a state prior to shipments arriving at their Medicaid/Medicare-certified facilities.

The first shipments will begin this week and will continue throughout May. Initial shipments will focus on metropolitan-area priority sites, such as New York City, Northern New Jersey, Boston, Chicago and Washington D.C. The second shipment of supplies will start at the beginning of June. AHCA will continue to share more information as it becomes available.

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**CMS Issues Claims Processing Guidance Related to New COVID-19 ICD-10 Code**
AHCA reported to CMS an apparent glitch with implementing the U07.1 - 2019-nCoV acute respiratory disease ICD-10 CM code when the five-day assessment window overlaps March into April dates of service.

For example, when the MDS assessment reference date (ARD) is in April [4/1/20], but the date of service (DOS) is in March [3/25-3/31]. This is creating a problem given the U07.1 code is valid as primary in the MDS grouper April 1 but not on the UB-04 for DOS prior to April 1. Specifically, this is creating a primary diagnosis conflict whereby providers cannot match the primary diagnosis on the UB-04 in form locator 67 with the primary reason for skilled care in item I0020B of the MDS.

CMS has provided the following standardized guidance to the MACs:

“Based on the following guidance from the CMS PDPM FAQs question 1.8 is to tell providers with a 5-Day PPS MDS with an April 2020 ARD, but a lookback period that extends into March 2020 that, when applicable, they can use the COVID 19 ICD-10 code U07.1 in MDS item I0020B to obtain the appropriate PDPM case-mix classification, but that the claim associated with March DOS must contain a different ICD-10 code that applies to the beneficiary and that was valid in March.

“We understand that this is a one-time event that only impacts a relatively small number of admissions related to COVID-19 that spanned the March-April implementation of the new U07.1 diagnosis code. The claim will need to contain a different diagnosis other than U07.1 but the assessment may contain U07.1 code in these instances.”

AHCA recommends providers to share the above with billing staff.

Please email COVID19@ahca.org for additional questions, or visit ahcancal.org/coronavirus for more information.

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