COVID-19 TESTING GUIDANCE FOR ASSISTED LIVING FACILITIES

Issued: October 15, 2020
Effective Date: November 2, 2020

Testing When a Staff Member or Resident Tests Positive/Hot Spot Testing

All "hot spot" testing requirements remain the same. Continue repeat viral testing of all previously negative residents and staff weekly, until the testing identifies no new cases of SARS-CoV-2 infection among residents or staff for a period of at least 14 days since the most recent positive result. Everyone will conduct at least 2 rounds of facility-wide testing.

Ongoing Screening of Staff

Assisted Living Facilities should begin testing all **staff** at the frequency prescribed in Table 1: Routine Testing, based on the county positivity rate reported in the past week. Facilities should monitor their county positivity rate every other week and adjust the frequency of performing staff testing according to the table below. If a staff member is exposed or is exhibiting symptoms they should be tested and not permitted to work in any long-term care facility.

TABLE 1: Routine Testing Intervals Vary by Community COVID-19 Activity Level

County Positivity Rate	Testing Instructions
Low <5%	Request 25% test kits for staff weekly on a rotating basis to ensure every staff person is tested once a month. a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month
Medium 5% - 10%	Request 50% test kits for staff on a weekly basis. a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month
High >10%	Request 100% tests kits for all staff on a weekly basis. a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month

County positivity rates can be found on https://cv.nmhealth.org/ website. The positivity rates will updated twice a month. Each facility's county positivity rate will impact the testing frequency. Once the new positivity rate is identified, the facility must follow the above testing frequency to be in compliance.

Staff includes employees, consultants, contractors, volunteers, and caregivers **who provide care and services to residents on behalf of the facility**, and students in the facility's nurse aide training programs or from affiliated academic institutions. For the purpose of testing "individuals providing services under arrangement and volunteers," facilities should prioritize those who are regularly in the facility (e.g., weekly) and have contact with residents or staff.

NOTE: Previous staff or residents who tested positives through a laboratory test (NOT antigen) should not be retested for 90 days from the date they were identified as a positive.

Laboratory Obligations

TriCore Laboratory (TriCore) will distribute a testing capacity document on a bi-monthly basis consistent with the CMS county updates. This document will describe the testing capacity for the next two weeks and the percentage of test kits facilities can expect based upon whether they fall into a green, yellow, or red positivity rate county. Please keep this document on file. Facilities that have an increase in the number of staff must notify DOH and TriCore to ensure they will receive an adequate number of test kits.

Resident Testing - Laboratory or Antigen (See Table 2)

Resident testing should occur in the following circumstances:

1. Resident is symptomatic;
2. Resident has had a known contact with a positive;
3. Resident regularly or routinely leaves the facility for medical appointments (e.g. for dialysis or chemotherapy);
    a. Resident leaves once a week or more: test weekly
    b. Resident leaves any less than once a week per month: test twice a month
4. The facility has a new positive test and is considered a 'hot spot' requiring 100% testing of staff and residents for at least two consecutive weeks with no new positive tests identified.

Antigen Testing Guidance

Facilities should utilize antigen tests in the following circumstances (see Attachment A):

1. Symptomatic staff and resident; or
2. Exposed* staff or resident (this includes an exposed asymptomatic person).

- All SARS-CoV-2 laboratory results, whether positive or negative must reported along with related data to the new NHSN portal dedicated to antigen testing results within 24 hours of receiving the result. Reporting guidance will be updated as federal requirements are updated. In order to utilize the new Pathway to fulfill reporting requirements, nursing homes and other long-term care facilities who are NHSN users, will need to upgrade their NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3.
- Contact the Informatics and Data Management Unit of the NMDOH Infectious Disease Epidemiology Bureau (IDEB) at DOH-ELR-Onboard@state.nm.us for technical assistance.

Table 2

Who	Testing Instructions	Type of Testing
New positive staff or resident (rapid response initiated, facility considered hot spot)	100% testing of all staff and residents until no new positives are identified for at least 14 days from the initial positive test, If located in a red county – staff testing must be twice a week.	RT-PCR specimen for transport to laboratory
Symptomatic staff or resident	Perform test of symptomatic staff or resident - If the antigen test indicates positive no confirmatory test needed.	Antigen test if available and/or RT-PCR specimen for transport to laboratory if LTC does not have an antigen test or if the antigen test result is negative
Resident who leaves the facility regularly (e.g.: dialysis or chemotherapy)	Residents who leave once a week or more: - Test weekly Residents who leave any less than once a week per month: - Test twice a month	RT-PCR specimen for transport to laboratory
Asymptomatic Staff	Test 100% of staff according Table 2 schedule above - Monthly - Weekly - Twice a week	RT-PCR specimen for transport to laboratory
Asymptomatic Residents	No testing unless resident leaves facility regularly, in response to an outbreak (rapid response, hot spot testing), or the resident had known close contact with someone other than a staff	RT-PCR specimen for transport to laboratory
Exposed Staff or Residents*	Immediate testing of directly exposed staff or residents when a new confirmed case is identified. Immediate results can identify other infected individuals, to isolate earlier and prevent further spread in the facility - If the antigen test indicates a negative result, the person should do a confirmatory PCR test. This person should be treated as if they were positive pending receipt of the PCR test result. - If the antigen test indicates positive no confirmatory test needed.	Antigen test and RT-PCR specimen for transport to laboratory

*Direct exposure is defined as close contact with an infected or COVID-positive person (less than 6 feet) for 3 minutes or longer.

BILLING GUIDANCE FOR COVID-19 TESTING IN LONG-TERM CARE FACILITIES

October 15, 2020

On May 27, 2020, the New Mexico Department of Health's Division of Health Improvement ("DHI") mandated testing for SARS-CoV-2 ("COVID-19") in all long-term care facilities ("LTC") in New Mexico, which includes Nursing Homes and Assisted Living Facilities. That directive remains in place. This directive supplements the May 27, 2020 directive to provide additional instructions to ensure that long-term care facilities maximize available resources to pay for such testing. To the extent the federal government imposes additional requirements, facilities must comply with those as well and be subject to potential penalties and effects to licensure for noncompliance.

Compiling Information to Facilitate Billing for Testing to Third-Party Payers

Effective May 27, 2020, DHI directed LTC facilities to register with TriCore Reference Laboratories (TriCore) and to contact TriCore on a weekly basis to order a sufficient number of test kits required to comply with that directive's requirement to conduct ongoing surveillance testing. Facilities were required to provide insurance information and to log information about testing of all staff and residents but many have not complied. This directive provides supplemental direction to facilities regarding providing adequate insurance information and logging testing.

- Facilities must compile all information necessary for TriCore – and, where used, other laboratories -- to comply with state and federal reporting requirements regarding all COVID-19 testing conducted by them. Facilities must also provide sufficient information about each person receiving a test to enable the laboratory to bill third-party payers, including Medicare, Medicaid, insurers, and employer-sponsored health plans.
- Facilities must track which residents and staff are tested each week and must complete all required information on TriCore's requisition form. Because these forms can take time to complete, DHI has arranged with TriCore for facilities to create pre-printed labels to affix on the lab requisition forms to make the testing process more efficient. By November 2, 2020, each facility must create a complete list (and pre—printed labels) of all residents and all staff with the following information:
    - Full Name (first, middle and last)
    - Date of Birth
    - Insurance Information, including:
        - name of insurer
        - member number
        - group number (if applicable).
        - For staff, if your organization is not the subscriber for the insurance, you must provide the subscriber name and ID number
    - State if the individual is uninsured. Do not write "N/A"; please write "uninsured."
    - Whether the individual is a resident or staff person
- TriCore has created preprinted requisition forms for each facility and listed the name of the ordering provider, where available. Preprinted forms may be used to provide the information listed above. A sample requisition form is attached. ***Each facility must do the following for each test:***
    - ***Provide all the information listed above to be included on a preprinted label affixed to the requisition form; facilities may choose to manually enter that information for each person being***

tested.

- ***Circle the name of the ordering provider. If the name of the ordering provider is missing or inaccurate, you must fill in the name and the provider's NPI number.***
- ***Mark the box for "COVID" or write the word "COVID" for the type of test.***
- ***Write the Z20.828 diagnostic code. Instructions for which code applies in different circumstances is attached to this directive. TriCore cannot provide any instructions or directions regarding which diagnostic codes should be used.***
- ***Provide the date the sample was collected.***

- Testing results will be sent to the Administrator. The turn-around time for receiving test results is approximately 24-48 hours. Test results can be obtained from the TriCore Data Portal. Please ensure you are able to access this portal. **If someone becomes symptomatic during this time frame follow the guidance for isolation precautions and for symptomatic staff.**
- Facilities shall keep a surveillance log of residents and staff tested to include, full names (first, middle and last), date of birth, date tested, date sent to TriCore or another laboratory, date results received and test results. Any positive cases should be immediately reported to DHI.
- By November 2, 2020, each facility must provide DHI with one spreadsheet of all staff members (organized by the first letter of the last name) containing the information listed above for the preprinted forms. By November 2, 2020, each facility must provide DHI with a separate spreadsheet of all residents (organized by the first letter of the last name) containing the information listed above for the preprinted forms.

Facilitating Enrollment in Medicaid Program to Cover Testing Costs for the Uninsured for Residents or Staff who do not have Insurance.

The Medical Assistance Division of the New Mexico Human Services Department, which runs NM's Medicaid Program (MAD), has established a program to cover the cost of COVID-19 diagnostic testing and testing-related services provided to uninsured individuals as authorized through the Families First Coronavirus Response Act (FFCRA). This coverage includes both the administration of testing and testing-related services and the associated medical visit at no cost to the patient. Uninsured individuals include those not otherwise Medicare or Medicaid-eligible and not covered by group or individual private insurance or another federal health program.

The Medical Assistance Division will assist in enrolling any uninsured residents or staff in the program. Each facility must provide a list of uninsured residents and staff to DHI by November 2, 2020 and work with MAD to enroll those individuals in the FFCRA program. Facilities may assist staff and residents to enroll in this program and can find an application here.

Penalties for Noncompliance

Failure to comply with the testing requirements stated in this correspondence may be considered neglect of a patient/client/resident and may be considered grounds for revocation or suspension of a license pursuant to NMAC 7.9.2.18.G. Additionally, a facility found to be in noncompliance may be assessed civil monetary penalties under 7.1.8 NMAC.

ICD-10-CM Official Guidelines for Coding and Reporting
FY 2021
(October 1, 2020 - September 30, 2021)

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

1. Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1

g. Coronavirus infections

1) COVID-19 infection (infection due to SARS-CoV-2)

(a) Code only confirmed cases

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of a positive test result for COVID-19; the provider's documentation that the individual has COVID-19 is sufficient.

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See guideline I.C.1.g.1.g.

(b) Sequencing of codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, and followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.

- *For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock*
- *See Section I.C.15.s. for COVID-19 infection in pregnancy, childbirth, and the puerperium*
- *See Section I.C.16.h. for COVID-19 infection in newborn*
- *For a COVID-19 infection in a lung transplant patient, see Section I.C.19.g.3.a. Transplant complications other than kidney.*

(c) Acute respiratory manifestations of COVID-19

When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.

The following conditions are examples of common respiratory manifestations of COVID-19.

(i) Pneumonia

For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

(ii) Acute bronchitis

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1.and J20.8, Acute bronchitis due to other specified organisms.

Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

(iii) Lower respiratory infection

If the COVID-19 is documented as being associated with a lower respiratory infection, not specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned.

If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

(iv) Acute respiratory distress syndrome

For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

(v) Acute respiratory failure

For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.

(d) Non-respiratory manifestations of COVID-19

When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.

(e) Exposure to COVID-19

For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. See guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes.

If COVID-19 is confirmed, see guideline I.C.1.g.1.a.

(f) Screening for COVID-19

During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).

Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

(g) Signs and symptoms without definitive diagnosis of COVID-19

For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.

(h) Asymptomatic individuals who test positive for COVID-19

For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

(i) Personal history of COVID-19

For patients with a history of COVID-19, assign code Z86.19, Personal history of other infectious and parasitic diseases.

(j) Follow-up visits after COVID-19 infection has resolved

For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.19, Personal history of other infectious and parasitic diseases.

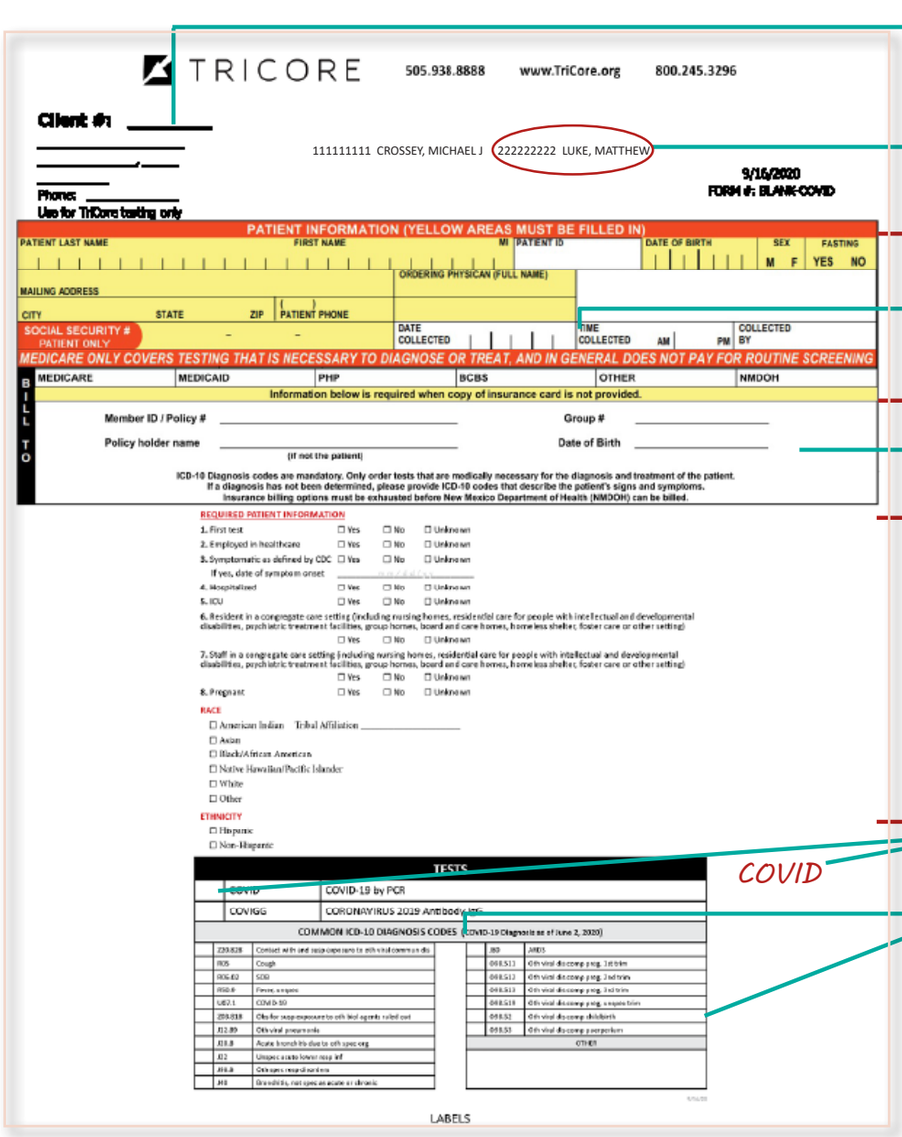
(k) Encounter for antibody testing

For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination.

Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.

For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.

COVID TESTING
TRAINING GUIDE



1. Your TriCore Client ID #
2. Circle provider's name OR Write the provider's name and include NPI number.
3. Write collection date and time.
4. Complete all fields, including all patient and insurance information.
5. Include all insurance information for staff/resident to include policy#, group#, and name of the insured member if different from the patient. Please provide a copy of the insurance card, when possible.
6. Information required by CDC
7. Mark the box by the printed test OR Write the test ***COVID***
8. Write the ICD-10 diagnostic code or provide the staff/residents' signs and symptoms.
9. Clearly label specimens with staff/residents' name, date of birth and collection date.
10. Each specimen and the requisition go in one bag.

SHIPPING/TRANSPORT AND STORAGE		
	Temperature	**Stability**
Stabilities/Storage (*collection to initiation of testing*)	refrigerated	96 hours
	frozen*	2 weeks
*If pickup is more than 48 hours away, place specimen in *Keep Frozen* ziplock bag and freeze.		

Keep Frozen ziplock bag

NOTES

For more information regarding diagnosis coding, please visit the CMS website: https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf. Please note that effective 10/1/2020, ICD-10-CM Codes Z11.59 and U07.2 will be invalid. If you have additional questions, contact your representative at the New Mexico Department of Health (NMDOH) or the New Mexico Department of Aging.

Turnaround time (TAT) is impacted by changes in volume and availability of testing resources from manufacturers; this changes daily. Our current TAT is approximately 72 hours ***from the time the specimen arrives at our Core Lab in Albuquerque.***

- For hotspots, supplies will be sent within 24 (business day) hours after NMDOH notification.
- Include staff/residents' insurance information. Marking no insurance for everyone is not acceptable. The New Mexico Department Health requires TriCore to bill staff/residents' insurance companies.

For intakes and discharges that cannot wait for courier pickup, please drop off specimens at the closest TriCore patient care center or TriCore's Woodward location (1001 Woodward Place NE, Albuquerque), south entrance. TriCore's patient care center locations and hours can be found at www.tricore.org/locations.

CLIENT ENGAGEMENT
505.938.8888 | 800.245.3296

SUPPLIES (to receive supplies and requisitions automatically)
505.938.8957 | supplies@tricore.org