

## MDS Alert

### Reader Question: Code Isolation When Situation Fits These Requirements

**Question:** How do I correctly document our facility's efforts when a resident requires isolation to prevent infections spreading to other residents? Does isolation affect reimbursement?

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**Answer:** Make sure you have the documentation in the respective resident's clinical record that shows that isolation is a medical necessity, which, according to the Resident Assessment Instrument (RAI) Manual, means that the resident meets all of the following conditions, outlined on page O-5:

"The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.

"Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.

"The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.

"The resident must remain in his/her room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.)."

Whether you should code isolation for all residents in the midst of a pandemic is a bigger question: Does a new standard level of precaution requiring isolation mean facilities should document and be reimbursed accordingly?

The RAI Manual says: "Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns."

"Right now, with no changes published about changes to the RAI Manual, facilities must code isolation as you have with the four requirements. If the residents have to be cohorted - this should NOT be coded as isolation - as it does not meet the criteria. We have been after an answer from CMS, but their focus is on hospital beds," says **Jane Belt, MS, RN, QCP, RAC-MT, RAC-MTA**, curriculum development specialist at **American Association of Post-Acute Care Nursing (AAPACN)** in Denver.

However, if you do need to implement isolation practices for residents who meet the criteria, the cost of the precautions and care can be significant - and reimbursement reflects that.

"There is a significant financial upside to properly coding isolation. It can be upward of \$200-\$500 per patient per day," says **Kris Mastrangelo**, president and CEO of **Harmony Healthcare International** in Topsfield, Massachusetts.

You can find your estimated isolation reimbursement (per resident) with this calculator: <https://pdpm-calc.com>.

