

GUIDE TO MDS CODES COVID 19



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Outline

- Review of CMS waivers
- COVID ICD 10 Code
- Review of section O100M and Isolation / Quarantine for active Infectious Disease

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CMS WAIVERS

- 3-day Prior Hospitalization for coverage of SNF stay
- Reporting MDS – waiver for 483.20
- Staffing data transmission
- Pre-admission screening and annual resident review (PASARR)
- Physical environment
- Resident Groups – waiver for 483.10(f)(5)
- Training and Certification of Nurse Aides – waiver 483.35(d) with exception of 483.35(d)(1)(i)
- Physician Visits

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CMS WAIVERS

- Resident Roommates and Grouping
- Resident Transfer and Discharge
 - 483.10(c)(5)
 - 483.15(c)(3). (c)(5)(i) and (iv), (c)(9), and (d)
 - 483.21 (a)(1)(i), (a)(2)(i), and (b)(2)(i) (with some exceptions)
- Physician Services, Visits and Delegated tasks
- QAPI (4/21 release)
- Inservice Training (4/21 release)
- Discharge Planning (4/21 release)
- Clinical Records (4/21 release)

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I0020: Indicate the resident's primary medical condition category

I0020. Indicate the resident's primary medical condition category	
Complete only if A0310B = 01 or 08	
Enter Code <input type="text"/>	Indicate the resident's primary medical condition category that best describes the primary reason for admission 01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction ← 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions I0020B. ICD Code <input type="text"/>
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MDS Section I0020B – COVID ICD 10

- TWO NEW CODES – AS OF 4/01/2020
- Vaping related disorder U07.0 – now “return to provider”
- COVID 19 – U07.1 – Acute Respiratory Disease

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MDS Section 00100M

Section O		Special Treatments, Procedures, and Programs
O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 14 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident <input type="checkbox"/> Check all	
2. While a Resident Performed while a resident of this facility and within the last 14 days		
Cancer Treatments		
A. Chemotherapy	<input type="checkbox"/>	
B. Radiation	<input type="checkbox"/>	
Respiratory Treatments		
C. Oxygen therapy	<input type="checkbox"/>	
D. Suctioning	<input type="checkbox"/>	
E. Tracheostomy care	<input type="checkbox"/>	
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	
G. Non-Invasive Mechanical Ventilator (BIPAP/CPAP)	<input type="checkbox"/>	
Other		
H. IV medications	<input type="checkbox"/>	
I. Transfusions	<input type="checkbox"/>	
J. Dialysis	<input type="checkbox"/>	
K. Hospice care	<input type="checkbox"/>	
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	
None of the Above		
Z. None of the above	<input type="checkbox"/>	

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Criteria for Coding Infectious Disease

- Single Room Isolation
- Active and highly transmissible
- Precautions are over and above standard precautions – must be transmission-based precautions
- Active infection and cannot have a roommate
- The resident must remain in his/her room

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Additional Information

- MDS 1.18.0 postponed for October 2020
- New Infection control critical element
- Oregon now has two COVID facilities and another possible on the way

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Questions



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