COVID-19 Testing Requirements in Nursing Homes
Frequently Asked Questions and Quick Links

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Type of Tests and Turnaround Times

Q. When does the rule go into effect?
A. This rule went into effect on September 2, 2020. CMS published this regulation as part of an interim final rule, which means that facilities need to begin complying with the regulation as soon as it is published. There is a 60-day comment period where the public is allowed to submit comments before CMS publishes the final rule. Facilities should anticipate having to perform ongoing COVID-19 testing for the foreseeable future.

Q. What type of testing can be used to meet this requirement?
A. Providers can use either PCR/molecular or antigen tests to meet this requirement.

Q. Can I use an antibody test to meet this requirement?
A. No, an antibody is not a diagnostic test and thus, does not meet this requirement.

Q. Is the 48-hour turnaround from the time of specimen collection or the time of lab receiving results?
A. The CDC Testing Guidelines for Nursing Homes recommends that "*testing practices should aim for rapid turnaround times (e.g. less than 24 hours)*." From this guidance, it is our interpretation that the 48-hour guidance is meant to start at the time the specimen is collected (or as close as possible). However, providers should not interpret the 48-hour turnaround time as a "to the minute" regulatory requirement. Facilities should do everything they can to meet the time frame and document all efforts to do so.

Routine Testing Requirements

Q. How do I find my testing frequency?
A. CMS uses county positivity rates and other factors to determine test frequency. They assign a color flag for each county, which is available on the CMS COVID-19 Nursing Home Data website. CMS continues to revise the logic for determining testing frequency and therefore providers should refer to the color flag when determining their testing frequency. Current methodology for testing frequency is as follows:

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency[1]
Low	<5.0% or with <20 tests in past 14 days	Once a month
Medium	5.0%-10.0% or with <500 tests and <2000 tests/100k and >10% positivity over 14 days	Once a week
High	>10.0% and not meeting the criteria for "Green" or "Yellow"	Twice a week

Q. How often do I need to check my county rate?
A. The QSO memo 20-38 suggests providers check every two weeks at a minimum. However, CMS is publishing data weekly on the CMS COVID-19 Nursing Home Data website. Therefore, AHCA recommends that providers establish and document a process of checking weekly, and on the same day every week (e.g., checking the rates every Monday). Providers do not have to check and adjust their rates the same day CMS updates the data.

Q. Can I use my state or county rate instead of the CMS published rate?
A. CMS has indicated that providers can use their state or county rate as long as it's measuring test positivity and not some other measure of COVID-19 prevalence. Also, the data should be from the same or more recent time frame as the CMS published data. AHCA recommends providers document the data source, date, and time they checked this new data along with the time window the new data uses for the county rates. Providers should select one rate to follow consistently and should not be flipping back and forth between different sources.

Q. The positivity rate in my county has increased since the last time I checked, what should I do now?
A. If your positivity rate has increased since the last report you checked, you should immediately move to test at the new frequency of testing per the QSO memo 20-38.

Q. The positivity rate in my county has decreased since the last report that I checked, what should I do now?
A. You should wait one more week to determine if the lower rate stays consistent. For example, if your county rate has moved from red to yellow since the last report checked, you need to wait one more week to determine if your county rate remains yellow. If it does, you can move to testing at that lower frequency. So bottom line is that you need to see two weeks of the same color in order to **reduce** test frequency.

Q. My county positivity rate has dropped two levels in two weeks. At what frequency should I be testing?
A. CMS has not clearly defined this scenario. However, AHCA recommends that if your county positivity rate moved from red to yellow in one week, and then to green the next, you can move to testing at the "yellow" frequency. Once your county moves to two weeks of green, than you can move to testing at the green frequency.

Q. Should I use the test positive rate in the CMS file or the color flag to determine my testing frequency?
A. Providers should use the color flag to determine their testing frequency for staff. CMS updated their methodology classification on the CMS COVID-19 Nursing Home Data website to account for providers in counties with very low rates of testing. This new methodology, as explained on the test positivity rate spreadsheet, is as follows:
- Green: <5.0% or with <20 tests in past 14 days
- Yellow: 5.0%-10.0% or with <500 tests and <2000 tests/100k and >10% positivity over 14 days
- Red: >10.0% and not meeting the criteria for "Green" or "Yellow"

CMS will likely continue to update the methodology for classifying a county's COVID-19 rate for testing frequency purposes.

Q. What if my state or local health department require or request more frequently testing than CMS memo outlines?
A. You must follow your state or local health department if they recommend more frequent testing. If they recommend less frequent testing, you must follow the CMS frequency for testing.

Q. Who am I supposed to test as part of routine staff screening?
A. In the QSO memo 20-38, CMS defines staff as "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 individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff." Employees who do not work or enter the building (e.g. billing personnel) do not need to be tested.

The rule also is clear that it is the minimum requirement and facilities should assess their unique situation to establish their own testing policies. This might include testing individuals such as visitors, or considering using the adjoining county COVID-19 rates in their decision making if employees are living in the adjoining county.

Q. Can you provide examples of contractors, consultants, volunteers I am supposed to be testing?
A. Facilities are responsible for assuring test results are available for individuals who are providing care and services to residents on behalf of the facility, prioritizing those that are in the building regularly. This could include hospice workers, therapists, agency staff or medical directors. CMS has specifically identified that this this testing can be performed by the company

that employ the individuals (e.g., the hospice provider), but the facility is responsible for ensuring this happens in the appropriate timeframe and documenting these results.

Legally, we believe this requirement does not apply to delivery personnel, van drivers, attending physicians, EMTs who are not an employee, consultant or contractor.
We recognize that there are a lot of questions and concerns around contractor testing requirements and feasibility. AHCA/NCAL encourages providers to keep in mind that the purpose and intent of this rule is to prevent the entry and spread of the virus to staff or residents. The virus does not distinguish who it infects nor how it spreads based on the contractual relationship a person has with the facility. So, if a person is entering the building (regardless of their job title or contractual relationship) and is going to interact with staff in the building on a regular basis, we recommend they be included in testing protocol.

Q. Do I have to perform routine testing on staff who work from home?
A. No, as long as they do not come into the building, they do not need to be tested.

Q. Do I have to perform routine testing on a consultant (e.g. a bookkeeper) who works in an office and has no contact with residents?
A. Yes. Even though that individual doesn't have contact with the residents, they do have contact with other staff and can spread the virus to residents through other staff members. Also, keep in mind that outbreak testing protects the health and safety of both residents and staff.

Q: We currently use a transportation company to transfer our one dialysis resident. He does not come into our facility. We bring the resident out to him. Should we test him also with our routine testing?
A: The intent behind testing is to reduce the spread of the virus. CMS testing schedules are the minimum requirement. If there is potential for a resident to become infected through contact with a vendor, then testing should be completed.

Q. Do I have to test construction or lawn maintenance personnel who do not come into the building or do not interact with the staff or residents?
A. No, as long as they do not come into the building nor interact with residents or other staff if they do, they do not need to be tested.

Q: Are we required to test family members if they are coming in to visit as part of our reopening?
A: You are not required to test family or visitors. However, you can offer them testing. The recent CMS QSO 20-39-NH memo on visitation suggests, but does not require, testing of family or friends who are visiting residents.

Q. How often do I test when a staff person, contractor or consultant come in at frequency that is less than the testing requirement (e.g. a staff person who works monthly in a facility testing weekly)?
A. CMS has not provided clarity on this issue. Based on the intent of the regulation, AHCA recommends that providers test individuals who come in at a lower frequency than the required testing every time they come into the building, either using the POC testing devices or through

proof of recent test results. Providers should develop a policy around this and share it with their state survey office to see if they agree with the planned approach.

Q. If an employee is on vacation for several weeks, do they need to continue to be tested within the weekly or twice weekly time frame?
A. Similar to the above, AHCA recommends members develop a policy that meets the intent of the rule and share it with their state survey office to verify your planned approach. For staff on vacation or out of the building for an extended period of time, AHCA would recommend testing them as soon as they return.

Q: Our county rate falls into the twice weekly testing category. What is the required timeframe between tests?
A: CMS has not specified a time frame between testing, but AHCA recommends 2-3 days.

Q: Our county falls into the monthly testing category. What is the timeframe to complete each round of staff testing?
A: CMS has not specified a time frame. Providers have the entire the month to test the staff. There are different approaches to monthly testing, including testing all staff at the same time every month or testing 25% of staff each week. If you choose the latter approach, you will want to test the same staff at the same time each month.

Q. Why are residents not included in the routine testing requirements?
A. In their [Testing in Nursing Home FAQ's](#), CDC explains that COVID-19 is most commonly introduced to a nursing facility through staff or visitors, rather than residents. This is why routine testing requirements include staff, as well as contractors, consultants, etc. who are coming into the building on a routine basis. Regular testing of asymptomatic residents can also lead to additional false-positive results and lead to unnecessary testing. Should COIVD-19 potentially enter the building (e.g. a staff tests positive) then testing of all residents is initiated as part of outbreak testing or testing in response to an exposure.

Outbreak Testing Requirements

Q. If I am doing routine testing and a staff person tests positive, do I have to test everyone in the building or just the unit?
A. You would test everyone in the building. The CMS [QSO 20-38 memo](#) explains that outbreak testing requires testing of all staff and residents in response to an outbreak (any single new infection). So this situation would trigger facility-wide outbreak testing. Continue to test all staff and residents that tested negative every 3-7 days until 14 days since the most recent positive result has passed. This is because staff interact with each other and can spread the virus between units.

Q. What is the time frame that triggers outbreak testing?
A. Per CDC guidance, the incubation period for COVID-19 is 14 days. This means any individual who has been in the facility within 14 days of developing symptoms and/or receiving a positive COVID-19 test (whichever comes first) would trigger an outbreak investigation.

Examples of situations that would trigger an outbreak investigation are below:

- A staff person or contractor/consultant who developed symptoms of COVID-19 while at work and then tests positive
- A staff person or contractor who worked on the 1st of the month, developed symptoms on the 10th of the month and then tested positive on the 15th
- A resident who has contracted COVID-19 while living at the facility
- A resident who was admitted from the hospital and had a test obtained in the facility three days after admission and tests positive

Examples of situations that would NOT trigger an outbreak investigation are below:

- A staff person is away on vacation for 15 days or longer and gets tested upon return before working and tests positive.
- A new admission who has a test performed in the hospital, but results come back after admission to the SNF. This would not be considered a new case.
- A contractor who comes to the building once a month (e.g. the consultant pharmacists) who has not been in the facility for three weeks but reports testing positive 4 days ago.

A resident admitted with known COVID-19 infection would not trigger an outbreak investigation.

If you are unsure whether a situation would warrant an outbreak investigation, we would recommend you contact your local state or local public health agency for guidance.

Q. At what frequency should I perform outbreak testing?
A. In response to an outbreak (single nursing home onset infection in staff or residents), CMS and CDC guidance recommends that nursing homes test all staff and residents immediately, and then continue to test all staff and residents that tested negative every 3-7 days until 14 days since the most recent positive result has passed.

In their Testing in Nursing Home FAQ's, CDC expands on this guidance and recommends that, if testing capacity allows and does not divert staff away from other critical IPC measures, the facility should consider testing more frequently (e.g. every three days) for the first two weeks of the outbreak, then test less frequently (e.g. every seven days) thereafter. However, they indicate that this frequency of testing may not be possible in every facility and that a minimum frequency of testing every seven days is recommended. In all cases, it's important that the nursing facility adhere to IPC measures and use of transmission based precautions.

Q. If a non-direct staff member with no resident contact (e.g. a food service professional) tests positive for COVID-19, do we still need to initiative outbreak testing?
A. Yes. Even though that staff person doesn't have contact with the residents, they do have contact with other staff and can spread the virus to residents through other staff members. Also, keep in mind that outbreak testing protects the health and safety of both residents and staff.

Q. I have an outbreak on a specific wing or floor of my building. Do I need to test my entire building?
A. Yes. Outbreak testing is required for the entire building regardless of the physical structure.

Q. If I cannot meet the 48-hour turnaround for tests, do I still have to initiate outbreak testing?
A. Yes, facilities must initiate outbreak testing even if they cannot meet the 48-hour turnaround requirement. They must document their efforts to obtain testing within 48-hours and need to contact their local/state public health department to see if they can help with testing.

Q: If I have a designated COVID-19 unit in my facility (not an outbreak) and my county rate is green, at what frequency should I test?
A: You would test staff once a month, per CMS frequency guidelines for testing. Outbreak testing is only triggered by a new nursing home onset infection. Admitting a person with COVID-19 does not trigger an outbreak investigation.

Finding a Vendor for Testing

Q. Where can I find a list of labs that may be able to provide test results within 48-hours?
A. AHCA has a list of vetted lab vendors here. These vendors all use PCR tests and can provide results with a minimum 72-hour response time (some will be able to meet the 48-hours). AHCA is continually updating this list with new labs and as we receive feedback from members. If you have any feedback on working with any of these lab companies, or want to suggest a company for this list, please contact us at covid19@ahca.org.

Q. What are some considerations I should have in mind when choosing a lab vendor?
A. Providers should consider the following when selecting a vendor:
- Type of testing being used (must be antigen or molecular/PCR):
- Ability to provide results within 48-hours (CMS requirement)
- Supply availability (test kits for POC antigen devices or specimen collection kits)
- Ability to bill Medicare or Medicaid directly

Rapid Antigen Point-of-Care (POC) Tests

Q. Where is the list of facilities who will receive a rapid antigen POC test device?
A. The list of facilities who will receive a rapid Point-of-Care Antigen Test Device who have a CLIA certificate is located on the CMS NHSN website.

Q: What training is available for use with the rapid antigen POC devices sent by HHS?
A: There are now three rapid antigen POC tests sent by HHS, the Quidel Sofia2, BD Veritor System and Abbott BinaxNOW. All have established training programs specific for long term care providers. Links to those training programs are included below:
- Quidel Sofia 2
- BD Veritor ™ System *Note: Providers must log into the BD website to access training resources. If you need to establish an account, please complete the registration form by clicking on "Register yourself!"*
- Abbott BinaxNOW

Q. My facility is not on the list to receive a BD Veritor or Quidel Sofia2 test device, who do I contact?
A. Please first contact your state CLIA office to ensure you have a CLIA waiver. If you have a waiver in place, you can then email CMS at LabExcellence@cms.hhs.gov to be added to the list. If you don't have a waiver you need to contact your state CLIA office to apply.

Q. I have questions about my Abbott BinaxNOW test, who should I contact?
A. For assistance with the Abbott BinaxNOW test:
- To report shipping issues / order quality concerns (these should be sent to Abbott at: ARDxUSGovernmentSupport@abbott.com)
- For technical usage questions about the BinaxNOW™ test, contact Abbott directly at: Technical support: ts.scr@abbott.com or 1-800-257-9525
- For all other questions related to your distribution, please contact HHSBINAX@hhs.gov, this inbox was established to coordinate the distribution of government procured Abbott BinaxNOW™ kits. This inbox should NOT be used to request kits for facilities not currently receiving these tests.

Q. Do I have to use my rapid POC antigen test device to meet CMS' testing requirements?
A. No. There is no requirement to use the rapid POC antigen test to meet the CMS testing requirements. If a facility can obtain PCR test results within 48-hours, it is fine for them to continue PCR testing.

Q. Am I allowed to use the rapid POC antigen test in routine testing of asymptomatic patients?
A. Yes. The key issue here is that the rapid POC antigen tests have received authorization for use on symptomatic patients. Using them on asymptomatic patients is considered "off-label" use. However, in an effort to ensure access to rapid and reliable testing for nursing homes, the federal government is strongly encouraging these test devices for screening purposes. The CDC, FDA and HHS have all issued guidance to ensure providers can use the antigen POC test devices to meet all their testing requirements. Most recently, HHS issued guidance to allow the use of antigen tests for off-label person (e.g. use with asymptomatic individuals), to override any state restrictions and extended the PREP act for liability to providers who use these devices.

Q. Do I have to confirm all negatives with the rapid POC antigen test?
A. The short answer is only in certain situations. The CDC has published an algorithm/decision tree that clearly explains how to interpret antigen test results in nursing homes. Additional links to CDC guidance on antigen testing are included in the links section below.

Q. Are there licensing requirements for the person who can perform the test on the antigen device?
A. CLIA regulations require proper training and proficiency in performing the test. Training information is listed above. However, your state may have additional scope of practice requirements, so please check with your state licensing offices for more information.

Q: Our facility has a CLIA Certificate of Waiver and received a rapid antigen POC device. Do we need to add this device to our CLIA waiver before using it?
A: Your CMS CLIA waiver qualifies you to perform the antigen test onsite without any changes to your existing waiver. However, some states may require you to add the POC to your CLIA certificate, so please check with your state CLIA office for specific requirements. Also, remember that you must have a staff person complete the proper training (see above) and be able to show proof of that training.

Q. Can I use my rapid antigen POC test to test visitors under my CLIA waiver?
A: Yes. There are no federal restrictions on who can be tested under your CLIA waiver. In addition, the CMS 20-39 QSO memo on visitation states that testing of visitors is not required but encouraged. Similar to above, your state may have different requirements, so we recommend you check with your state CLIA office.

How to Handle Discordant Test Results

Q. What are discordant test results?
A. Discordant test results refer to conflicting results from two or more different tests (e.g. PCR and rapid POC antigen) using a sample collected within two days (tests performed more than two days apart should be considered separate tests).

Q. What should I do if I suspect a positive antigen test result is a false positive?
A. You may suspect a false positive antigen test if the patient is asymptomatic and/or you are residing in a low prevalence area of COVID-19. When a false positive is suspected, providers should first ensure correct use of the test (e.g. proper specimen collection and handling), perform procedural quality control on the tests and compare the percent positivity of the samples on that day versus previous days to determine if it's an outlier.

CDC guidance currently recommends confirming test results with a PCR when asymptomatic staff are identified as positive during routine screening.

If a confirmatory test is performed, facilities must:
- Perform the confirmatory test within two days of the initial test. Tests performed more than two days apart should be considered separate tests.
- Collect a high quality sample to ensure accuracy of results
- If a PCR test is not available or has a delayed turnaround (more than two days), another rapid antigen POC test may be used.

Note: PCR can have false negatives if the specimen is not collected correctly or miss handled and also can have false positives, particularly if testing is done after the person has recovered. There have been reports of individuals recovered continuing to shed viral RNA which results in PCR positive tests even though the person is no longer infectious.

The CDC provides a more detailed explanation in their Testing in Nursing Home FAQ's.

Facilities should also work with their local or state public health department to determine if an antigen result is a false positive.

Once a false positive is confirmed, providers should report it to:
- The manufacturer directly
- Their state public health department
- The FDA (reporting links here and here)

Q. What should I do if I suspect a negative antigen test result is a false negative?
A. CDC guidance recommends confirming negative antigen tests with a PCR test when the individual (resident or staff) is symptomatic. Similarly you must report the false negatives to
- The manufacturer directly
- Your state public health department
- the FDA (reporting links here and here)

Note: PCR also has false negatives.

Q. What should I do when the confirmatory results of a test are pending (either negative or positive)?
A. While results are pending, facilities should continue to follow IPC measures. For staff, this means excluding them from work pending results. For residents this means placing them on transmission based precautions in a single room. If a single room is not available, the resident may remain in their current room. However, the CDC is very clear that the resident should **NOT** be transferred to a COVID-19 unit or placed in another shared room with a COVID-19 positive individual.

Q. What should I do when I confirm a positive antigen test result as a false positive through confirmatory testing and in consultation with my local/state health department?
A. Individuals who are asymptomatic should continue to be monitored for symptoms. If the individual develops symptoms in the week after testing, they should be considered to have COVID-19 and treated appropriately (i.e. residents placed on transmission based precautions and staff excluded from work). The CDC does not recommend repeat testing in this situation.

If the person is asymptomatic without known exposure, than the discordant result could indicate a false positive antigen test result. In this situation, CDC recommends continuing symptom screening and testing, but treating those individuals as negative. Staff does not have to be excluded from work and residents do not need to be moved to a COVID-19 unit, in this instance.

However, if the person is asymptomatic but has a known exposure or is being tested as part of outbreak testing, they should be considered to have COVID-19 and managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work).

Finally, if the person is symptomatic, facilities should assume the positive antigen test is correct and the individual should be managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work). *Note that CDC guidance does*

not recommend conducting a confirmatory PCR tests when the person is symptomatic and has a positive antigen test.

Q. Would an outbreak investigation be triggered if I receive a positive antigen test result that is later deemed to be negative through a confirmatory PCR test?
A. No, the CDC states in their <u>Testing in Nursing Home FAQ's</u> that *"additional testing of asymptomatic residents or other close contacts can be delayed until results of confirmatory testing are available unless additional symptomatic individuals are identified."*

How to Report Results

Q. How do I report results from my rapid antigen POC test device?
A. Under the CARES Act, HHS requires that all laboratories or other sites performing rapid point of care (POC) antigen tests under a CLIA certificate report the results to the appropriate state or local public health department. Providers have two opportunities for meeting the reporting requirements under the CARES Act.
1. **Report through your state/local health department**: Providers should contact their state/local health department for guidance on how to report these test results.
2. **Report through CDC NHSN**: The CDC has recently announced a new Point of Care (POC) Laboratory Reporting Pathway through their National Healthcare Safety Network (NHSN) LTC COVID-19 Module. The new reporting pathway will <u>be released on October 15, 2020</u>. Providers should be on the lookout for more information via email from CDC. This will require an upgraded NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3. Nursing homes and other long-term care facilities can also email nhsn@cdc.gov with the subject line "Enhancing Data Security" to begin upgrading their SAMS access.

Providers can also review the <u>HHS laboratory reporting guidance</u> and related <u>FAQ's</u> for more information, including what specific information must be submitted.

Q. Do I have to follow CLIA reporting for results if an external lab is processing our tests?
A. No, you only have to follow CLIA report results if you are performing the tests in your facility using a rapid antigen POC device.

Q. I am already reporting results to NHSN. Do I need to add any additional reporting in response to this regulation?
A. Only if you are using a rapid antigen POC test device as part of your CLIA. If so, you will need to report the outcome of those tests (positive and negative) through one of the options mentioned above through the CLIA reporting process.

Q. I am using the Abbott BinaxNOW test cards. Should I report this test as a POC test device in NHSN?
A. Yes, the Abbott BinaxNOW is an antigen point of care test and should be reported as such in response to the testing questions in the **LTCF COVID-19 Module**. This test also needs to be reported as part of the CLIA reporting requirements under the CARES Act. See the first question in this section for more information on that reporting process.

Q. I have a discordant test result, how should I handle reporting in NHSN?
A. CDC does not specifically indicate what to do in this situation. It you report a result via NHSN (positive antigen) and your state health department confirms that result to be the opposite based on a follow up test (ex. negative PCR), it's our understanding that you can go into NHSN and edit the response, which you can do by clicking on the pathway on the calendar view that needs updated.

How to Document Results

Q. How do I document results for staff and contractors?
A. CMS doesn't specifically indicate how those results should be documented. AHCA recommends keeping a log of staff and contractors testing with all the required fields from the QSO memo 20-38.

Q: Do I need to keep the physical lab results for vendors?
A: CMS doesn't specifically indicate how those results should be documented. AHCA recommends keeping a log of staff and contractors testing with all the required fields from the QSO memo 20-38.

Staff Refusals

Q. What should I do with a staff person who refuses routine testing?
A. CMS advises that for staff persons who refuse routine testing, the facility should "follow its occupational health and local jurisdiction policies." We advise facilities to develop a policy that takes into account the safety of your residents and staff and propose it to your state survey office and local OSHA office to see if they agree that it will comply with this regulation.

Specimen Collection

Q. Who can collect the specimen for COVID-19 testing?
A. CMS has largely been silent on this issue but there are no specific restrictions specified by CMS. We recommend providers follow scope of practice laws within their state to determine what license is necessary to collect specimens for COVID-19 testing.

Q. What requirements do I need to follow for specimen collection?
A. Facilities should refer to CDC's guidance on collecting, handling and testing clinical specimens. During specimen collection, facilities must maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens. Please note workers handling collecting/handling specimens from potentially infected individuals are considered very high exposure risk per OSHA's Occupational Risk categorization.

Clinical Considerations

Q. How do I determine when an infection has been resolved?
A. We refer providers to CDC's guidance for resolution of infection. CDC guidance recommends a symptom-based strategy rather than a test-based strategy to define recovery. This is because there is long term shedding of RNA particles that are picked up by PCR tests, which causes false positives in the post recovery period.

Q. Can I use an antibody test to determine what staff do not have to be tested as part of this requirement?
A. No, antibody testing cannot be used to modify testing strategies at this time. Currently antibody test results are not accepted as evidence of immunity because there are too many inaccurate antibody tests out there and there still is not solid evidence if antibody positive tests indicate immunity. If a person with a positive diagnosis from an antigen or PCR test they don't need to be retested for 90 days from the time of diagnosis or symptom onset whichever is earlier.

Q. If an individual (resident or staff) has recovered from COVID-19, do I need to continue testing them?
A. Based on CDC recommendations, individuals who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 3 months after symptom onset. Testing should start again 3 months (or 90 days) after the date of symptom onset, which includes routine, outbreak and symptom based testing.

Reimbursement for Testing

Q. What will Medicare FFS and Medicare Advantage cover related to COVID-19 testing?
A. Per CMS guidance, Medicare FFS and Medicare Advantage will cover diagnostic testing for COVID-19. Diagnostic testing is defined as:
1. resident is symptomatic
2. resident has been exposed to someone with COVID-19
3. there is a new outbreak in the facility
4. the resident is receiving initial/baseline diagnostic testing for (re)opening of a facility
5. the resident is being tested to determine resolution of infection

Specimen collection performed by SNF staff is not covered.

Q: What CPT code should be used to bill antigen point of care tests?
A: Code 87426 CORONOVIRUS AG IA is the required code. For pricing contact your MAC.

Q. Can I bill private insurance for staff testing?
A. If a facility is testing an employee the insurance company will likely assess for medical necessity. Being symptomatic or being exposed to someone with COVID-19 may meet medical necessity criteria. If the testing is being done as a requirement of work (i.e. routine screening), the insurance company may deny it.

Insurance companies have also been told they have to allow out of network provider use during the PHE to enhance access to COVID care and prevention. So, if the nursing facility/lab is out of network that should not be a reason for denial. We recommend that members bill private insurance but understand they may get a denial based on medical necessity or testing related to work.

Q: Can we bill for Med A if they are in rehab or does that still go with the bundled payment?
A: If the resident is under a Part A bundled stay (PDPM) the test is included in the bundled payment and the facility may not bill for it.

Links to Additional Resources

AHCA Resources:
- **Testing Vendors (Labs) with 48-hour turnaround times**

- **AHCA Summary of CMS' Testing Requirements**

- **AHCA Guidance on How to Get Started with Testing**

- **AHCA Member Webinar on CMS' New Testing Requirements**

- **AHCA Member Webinar on Batch Testing with the Quidel Sofia2**

- **AHCA Guidance on Point of Care Antigen Test Devices**

- **AHCA Summary of CDC Guidance for Rapid Antigen Testing**

CDC Resources
- **Interim Guidance for Rapid Antigen Testing for SARS-CoV-2**

- **Considerations for use of SARS-CoV-2 Antigen Testing in Nursing Homes**

- **Considerations for Interpreting Antigen Test Results in Nursing Homes Algorithm/Decision Tree**

- **Frequently Asked Questions about Testing in Nursing Homes**

- **Frequently Asked Questions about COVID-19 for Laboratories: Interpreting Results of Diagnostic Tests**

- **Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings**

CMS Resources
- **CMS Interim Final Rule**

- **CMS Sub-Regulation**
  - QSO 20-38-NH
  - QSO 20-37-NH

- **CMS COVID-19 Nursing Home Data**
  - Download the latest POC allocation list, FAQs, and county positivity rate list

- **CMS FAQ on COVID-19 testing at Skilled Nursing Facilities and Nursing Homes**

- **CLIA FAQ**

- **CMS Guidance on Medicare Payment for COVID-19 Testing**

FDA and HHS Resources
- **FDA FAQ on Testing for SARS-CoV-2**

- **Guidance for Prep Act Coverage**

Antigen Test Training Resources
- **Quidel Sofia 2**

- **BD Veritor™ System**

- **Abbott BinaxNOW**