

Policy

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Purpose

This policy is to align providers with the Medicare/CDC testing rules regarding appropriate and medically necessary testing and to ensure appropriate payment based on the rules/CDC Guidance.

Definitions, Abbreviations, and Acronyms

Acronym	Meaning
CDC	Center for Disease Control
CMS	Center for Medicare and Medicaid
PCR	Polymerase chain reaction
POC	Point of Care
PPE	Personal Protective Equipment
NH	Nursing Home
COVID	SARS-CoV-2, COVID-19

Policy

- 1) Longevity Health will adopt the most recent and up to date CDC/CMS testing guidelines in determining payment for testing provided in nursing homes
- 2) As with Medicare, Longevity Health Plans do not pay for public health surveillance viral testing. Serial PCR testing has not been demonstrated to be clinically appropriate or medical necessary. Routine standing orders for PCR testing will not be reimbursed by Longevity Health Plans.
- 3) In addition to CMS/CDC guidelines for COVID 19 viral testing, some states/cities/counties may have stricter testing requirements. Unless there are mandates for PCR testing, POC viral antigen testing will be the first line prior to requiring a PCR unless the CDC guidelines require it
- 4) Individual member PCR testing must be ordered by a licensed medical provider and must meet medical necessity requirements for reimbursement.
- 5) The following CMS/CDC Testing and Payment rules will apply for all COVID19 testing for members residing in the NH

Perform SARS-CoV-2 Viral Testing

- Anyone with even mild symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test for SARS-CoV-2 as soon as possible.
- Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior

30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

- Guidance for work restrictions, including recommended testing for HCP with higher-risk exposures, are in the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).
- Guidance for use of empiric Transmission-Based Precautions for patients with close contact with someone with SARS-CoV-2 infection are described in Section 2.
- Testing considerations for healthcare facilities with an outbreak of SARS-CoV-2 are described [below](#).
- The yield of screening testing for identifying asymptomatic infection is likely lower when performed on those in counties with lower levels of SARS-CoV-2 community transmission. However, these results might continue to be useful in some situations (e.g., when performing higher-risk procedures or for HCP caring for patients who are moderately to severely immunocompromised) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used) and prevent unprotected exposures. If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened. To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a NAAT, facilities should use 3 tests, spaced 48 hours apart, in line with [FDA recommendations](#).
 - In general, performance of pre-procedure or pre-admission testing is at the discretion of the facility. However, for residents admitted to nursing homes, admission testing is recommended as described in Section 3.
 - Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility.

Duration of Empiric Transmission-Based Precautions for Symptomatic Patients being Evaluated for SARS-CoV-2 Infection

The decision to discontinue empiric [Transmission-Based Precautions](#) by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test.

- If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT.
- If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test.

If a patient suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made based on time from symptom onset as described in the Isolation section below. Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.



Change Log

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NEW		10/25/2022	Jill Shutes	NEW

Appendices