O0100M Isolation Coding Clarification

UPDATED 3/1/2021

These documentation requirements will be effective immediately for all MDS' with an ARD on or after 3/5/2021.

To code O0100M, Isolation on the MDS Minnesota Case Mix Review auditors will require medical record documentation that identifies:

1. Physician documentation that the resident is either:
   - Symptomatic **AND** in the contagious stage, or
   - Has a positive test **AND** is in the contagious stage

   The physician should direct the plan of care, including the need for and duration of the transmission-based precautions and single-room isolation, using the Centers for Disease Control and Prevention (CDC) guidelines. As is the case with other aspects of a resident's treatment regime, the use of isolation should be medically necessary and align with standards of care for the resident's condition.

2. Daily documentation that identifies the presence of any ongoing infection symptoms

3. Daily documentation that identifies the resident remained in strict isolation with transmission-based precautions in place. The documentation must identify:
   - The resident was alone in the room, **and**
   - The resident did not leave their room unless they required a service that could not be provided within the facility, **and**
   - All services were brought to the resident including but not limited to meals, therapies, activities, bathing etc.,

4. Regarding COVID-19 infections - the date symptoms first appeared, if symptomatic or a positive COVID-19 test result.

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To obtain this information in a different format, call: 651-201-4301

Clarification regarding O0100M Isolation coding

POSTED 10/26/2020

The Minnesota Department of Health (MDH) received additional clarification regarding when it is appropriateto code isolation on the MDS. To code item O0100M, Isolation the resident must have an **active infection**. An active infection is a medical diagnosis. As such, it should be documented by a physician, NP, or PA in the last 60 days and have a direct relationship to the resident's current functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period.

The resident must be symptomatic and/or have a positive test and be in the contagious stage. The medicalrecord must support that the physician has determined that the resident is either:

- Symptomatic **AND** in the contagious stage, or
- Has a positive test **AND** is in the contagious stage.

Code for "single room isolation" only when ALL the following conditions are met:

- 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.).

For new admissions or readmissions whose COVID-19 status is unknown. The CDC's guidance for nursing homes includes having a plan for managing new admissions or readmissions whose COVID-19 status is unknown. The agency notes that "depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can bemonitored for evidence of COVID-19." **Should providers choose to place a resident in a single-person room for such monitoring, it should NOT be coded in O0100M, Isolation or quarantine for active infections.**

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