

COVID-19 Checklist for Med A Evaluations

Medical Necessity and Compliance

- Contact DOR (text or phone call) to ensure doctor's orders for new Med A case have been obtained.
- Med A primary codes match across disciplines.
- Tx codes are relevant and justify skilled need. Must have an assessment and goal to support the tx code used. (Muscle Weakness should not be primary or only tx code)
 - Examples: R06.02 Shortness of breath, R29.3 Abnormal Posture, R29.91 Unspecified symptoms and signs involving the musculoskeletal system
- Reason for referral is complete with:
 - **Documented patient is referred to skilled therapy as part of eligible COVID-19 national emergency waiver in order to prevent a hospitalization.**
 - Current diagnosis and deficits warranting skilled therapy services at this time.
 - Any complexities and precautions are listed
 - If patient had prior therapy what was the outcome and why do they qualify for Med A at this time.
- Goals are specific to patient case, diagnosis and deficits.
 - The expectation is that the goals will be **geared towards OOB activities or EOB activities** and NOT for supine in bed exercises/activities. We need to justify why this high-risk person requires therapy 5x/week and how we are preventing hospitalization.
 - **COVID-19 related goals added to the POC** (breathing ex, handwashing/infection control, postural control). **Vitals noted on eval**, these measurements/objective data used within the goals.
 - **Admission Section GG scores must match the baseline scores listed on Eval, goals must be added for those functional deficit areas noted on Section GG**
 - Include a standardized assessment, be sure to explain what the score indicates/how does it relate to this patient's functional performance, and write a goal for improving the score.
 - Goals should be objective, measurable and justify prevention of hospitalization (not just cookie cutter goals and not just to increase strength or do ther-ex)
 - Goals have clear baselines and PLOF noted on eval. Deficits should be at a level of complexity to warrant skilled therapy on a 5x/week basis. **Baselines of set-up, SBA and CGA usually do not indicate the need for skilled level of care** unless there are other complicating factors.
 - Documentation to support progress to be made, maintain or prevent decline.
- Was the patient formally D/C'd from prior payer source and re-evaluated under Part A?
- PLOF is thorough and all other necessary items are present on the eval.
 - Frequency and duration are appropriate and not defaulted to 90 days
 - Appropriate CPT codes present
 - Clinical summary/brief overview of patient's current condition/how far below their usual baseline