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)
  o 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:
  o Documented patient is referred to skilled therapy as part of eligible COVID-19 national emergency waiver in order to prevent a hospitalization.
  o Current diagnosis and deficits warranting skilled therapy services at this time.
  o Any complexities and precautions are listed
  o 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.
  o 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.
  o 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.
  o 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
  o 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.
  o 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)
  o 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.
  o 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.
  o Frequency and duration are appropriate and not defaulted to 90 days
  o Appropriate CPT codes present
  o Clinical summary/brief overview of patient’s current condition/how far below their usual baseline