

July 29, 2024 Weekly Clinical Update

From the LTC National Infection Prevention Forum this week:

“The following free events- register or visit the sites to learn more!

Recognition and IPC Control for Clostridioides difficile (C.diff) on July 31, 2024, at 4:00 PM Eastern Time: us02web.zoom.us/meeting/register/...

Prepare for Fall and Winter Respiratory Virus Season on August 6th, 2024 at 12 noon Eastern Time

In preparation for this fall and winter respiratory illness season, many health care professionals have questions about how to protect their patients and their families, as well as themselves...

Registration link for the respiratory virus broadcast <https://edhub.ama-assn.org/cdc-project-firstline/video-player/18898060>

The Role of Healthcare Linens in Infection Prevention on August 7, 2024, at 4:00 PM Eastern Time: us02web.zoom.us/meeting/register/...

Again, the Infection Control Forum provided information from Cathy Ciolek from AHCA related to valuable resources including:

CDC worked with Brown University to develop a tracking log- brown.edu/go/infectionlog

Additionally, Cathy referenced excellent resources from the Minnesota Dept of Health which can be accessed at: <https://www.health.mn.gov/diseases/antibioticresistance/hcp/index.html>

One document of particular interest is a document that can be sent to the physician related Antibiotic Time Out Tool for any residents on “prophylactic” antibiotic therapy, which requires scrutiny.

Cathy has also provided other CDC resources including updated Immunization and Vaccine Product Summaries:

<https://www.cdc.gov/long-term-care-facilities/media/pdfs/Viral-Respiratory-Pathogens-Toolkit-508.pdf>

<https://www.cdc.gov/vaccines/php/info-by-product/index.html>

Another helpful hint from the IC Forum for careplanning for EBP:

Under the infection category:

Problem: Ms./Mrs./Mr. (*resident's name*) has:

- a. *Choose reason for EBP:*
 - i. A history of (*name specific MDRO*) with risk of colonization and transmission.
 - ii. A (*be specific of the device*) which increases their risk of acquiring an MDRO .

- iii. A (*be specific on wound type and location*) which increases their risk of acquiring an MDRO.
2. **Goal:** Resident will remain free from an active infection of an MDRO.
- a. *If the resident has a hx of MDRO, please add:* "and risk of transmission to others will be minimized."
3. **Intervention:** Enhanced Barrier Precautions will be in place:
- a. *Choose duration required:*
 - i. *Hx of MDRO*
 - 1. "For the duration of their stay if additional precautions do not apply."
 - ii. *Device*
 - 1. "For the duration of the device if additional precautions do not apply."
 - iii. *Wound*
 - 1. "For the duration of the wound if additional precautions do not apply."

Related to billing for RSV vaccines and Flu, Pneumococcal, & COVID vaccines:

Centers for Medicare & Medicaid Services

SNF Fact Sheet

Billing Medicare for Respiratory Vaccines



This document explains how Medicare pays for vaccines administered during a patient's stay in a nursing home. Vaccine payment depends on the type of vaccine and whether the patient is using their Skilled Nursing Facility (SNF) Part A benefit. This document doesn't cover vaccine payment by Medicare managed care, Medicaid or commercial insurance.

Medicare billing guidelines

Respiratory syncytial virus (RSV) vaccines

Medicare Part D covers RSV vaccines with no consumer cost-sharing. If the vaccine is covered under a Part D plan, the long-term care (LTC) pharmacy will not bill separately for any administration of the vaccine per Medicare Part D's [vaccine administration guidance](#). If the facility administers the RSV vaccine, the facility may negotiate an administration fee with their LTC pharmacy, but the facility can't [bill an administration fee to Medicare or the patient](#).

For Part A stay residents with Part D (including hospice patients)

- LTC pharmacy will bill patient's Part D plan for the RSV vaccine if the pharmacy is in-network. If the pharmacy is out-of-network, the pharmacy will bill the patient, who can submit their receipt to their Part D plan for payment.

Note: Vaccine access from an out-of-network pharmacy should be rare given the Part D requirement to provide convenient access to LTC pharmacies.

- If an outside vaccinator administers the RSV vaccine, the vaccinator will bill the patient's Part D plan if the vaccinator is in-network. If the vaccinator is out-of-network, they'll bill the patient, who can submit their receipt to their Part D plan for payment.
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For non-Part A / long-term stay residents with Part D

- LTC pharmacy will bill patient's Part D plan for the RSV vaccine if the pharmacy is in-network. If the pharmacy is out-of-network, the pharmacy will bill the patient, who can submit their receipt to their Part D plan for payment.
- If an outside vaccinator administers the RSV vaccine, the vaccinator will bill the patient's Part D plan if the vaccinator is in-network. If the vaccinator is out-of-network, they'll bill the patient, who can submit their receipt to their Part D plan for payment.

For patients without Part D

- The LTC pharmacy will bill the patient for the RSV vaccine as an uncovered service.
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Flu, pneumococcal & COVID-19 vaccines

Medicare Part B covers influenza, pneumococcal, and COVID-19 vaccines with no consumer cost-sharing. A vaccine may be billed by the facility or the LTC pharmacy, depending on whether the patient is in their Part A stay.

For Part A stay residents (including hospice patients)

- Facility will bill the vaccine cost and administration fee on single claims using Type of Bill (TOB) 22X, or submit claims on a roster bill for multiple patients at a time.
- LTC pharmacy isn't allowed to bill directly for these Part B vaccines.
Note: During the COVID-19 public health emergency, outside immunizers could bill Medicare directly for providing flu, pneumococcal, and COVID-19 vaccinations onsite at SNF facilities. This flexibility ended on June 30, 2023.

For non-Part A / long-term stay residents

- Facility can bill the vaccine cost and administration fee on single claims using TOB 23X, or submit claims on a roster bill for multiple patients at a time.
 - LTC pharmacy can bill directly for both the vaccine cost and the administration fee.
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CMS has provided a video tutorial for the Patient Mood Interview (PHQ-2 to 9)

Video Tutorial Patient Mood Interview (PHQ-2 to 9[©])

The Centers for Medicare & Medicaid Services (CMS) is offering a video tutorial for completing D0150. Patient/Resident Mood Interview (PHQ-2 to 9) and D0160. Total Severity Score. Two patient/resident vignettes are depicted, one in which the PHQ-2 is demonstrated and one in which the entire PHQ-2 to 9 is completed.

The video can be accessed on the [HH QRP](#), [IRF QRP](#), [LTCH QRP](#), and [SNF QRP](#) Training pages