

## Preparing for Widespread Testing in Long Term Care

CMS has recently emphasized the importance of testing for COVID-19 in nursing facilities. Surveyors are increasingly looking for evidence that nursing facilities are testing symptomatic residents and isolating them while results are pending. In addition, a growing number of states are requiring testing of all residents and/or staff. Providers need to increase efforts around testing and document efforts.

### Who Should be Tested

All facilities should follow guidance from their local or state health departments regarding prioritizing testing. Generally, prioritization should consider:

- Residents with symptoms or prolonged exposure to someone with confirmed COVID-19 (e.g. roommates).
- Any staff member with symptoms or prolonged exposure to someone with confirmed COVID-19 (e.g. caring for resident with COVID or working in close proximity with another staff member who tested positive).
- Asymptomatic residents and staff, as we know that this virus is commonly spread through contact with asymptomatic individuals.

Providers should document guidance from local or state health department and their efforts to follow the guidance.

### How to Access Testing

First contact your local or state health department to seek availability to access testing. States with state-wide orders to test may have preferred vendors or specific guidance on testing protocols. Document your communications and the steps you take as a result.

In absence of direction from the local or state health department, facilities can refer to AHCA/NCAL's list of [vendors](#) who provide testing in nursing home setting and are FDA approved. This list is continually updated as new vendors and testing opportunities are available, so please check back frequently.

### Paying for Testing

Not all labs will bill Medicare directly. Check to ensure the lab you are receiving tests from will bill Medicare. If a lab does not have the ability to bill Medicare the facility will need to pay for the tests upfront. Tests range in cost from \$115 to \$500. Medicare Part B will only reimburse \$51 for the PCR and \$35 for other tests.

### PCR Test vs. Antibody/Serology Test

When testing residents and/or staff to meet CMS, CDC, state and local testing guidelines, providers must use PCR tests and should not use antibody tests in place of PCR tests. PCR tests diagnose active COVID-19 infection, whereas antibody or serology tests are looking for prior infection with COVID-19 and are not diagnostic. Antibody or serology tests are blood tests that do not need to be performed in a lab and are available for direct purchase. PCR tests are collected through a nasal or throat swab and are usually performed in a lab (with the exception