



## THERAPY DOCUMENTATION FOR PATIENTS IN ISOLATION

Documentation for patients that are coded for isolation must support that therapy was provided in isolation. Without supportive documentation, a denial could occur for the following reason, “*Documentation received does not support coding of Extensive Services for isolation on MDS assessment. Documentation does not support resident was in a private room, all services brought to resident in room, and resident remained in room.*”

### Guidelines for coding “Strict Isolation” on MDS

*RAI User’s Manual*

Code only when the resident requires transmission-based precautions and strict isolation alone in a separate room because of active infection (*i.e., symptomatic and/or have a positive test and are in the contagious stage*) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. Do not code this item if the resident only has a history of infectious disease (*e.g., s/p MRSA or s/p C-Diff - no active symptoms*). Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns. Examples of when the isolation criterion would not apply include urinary tract infections, encapsulated pneumonia, and wound infections.

**Code for “strict isolation” only when all of 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 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.).

### Daily Therapy Documentation

To support the MDS coding of isolation, therapists should document within **every** daily treatment note (*regardless of payor source*) that treatment was delivered in the patient’s room and reason for isolation.

#### Example:

97116 (15 minutes) - Graded verbal cuing provided for appropriate body/ AD positioning to promote increased safety and self-correction.

97530 (15 minutes) - Reaching ipsi and contralaterally to promote increased functional standing independence.

Additional notes: Treatment delivered in entirety within patient’s room due to strict isolation.