



Guidance for SARS-CoV-2 Testing in Long-Term Care Facilities

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Residents and staff of long-term care (LTC) facilities are at increased risk of SARS-CoV-2 infection in the US. Outbreaks in LTC facilities are common and have a significant impact among residents and staff. More than 50% of LTC residents may be hospitalized, with case fatality rates of approximately 20%-30%.¹ Furthermore, in a subset of the population, SARS-CoV-2 is asymptomatic.² To address COVID-19 in these settings, the Rhode Island Department of Health (RIDOH) is issuing guidance on the medical appropriateness of SARS-CoV-2 testing in LTC facilities. The residents who live in, and staff who are employed at, these settings are at significantly higher individual risk of acquiring SARS-CoV-2. Given this, RIDOH is providing the following guidance on testing for SARS-CoV-2 at LTC facilities:

1. Medical Directors at LTC facilities should regularly evaluate LTC employees on an individual basis to determine whether a COVID-19 test is medically appropriate for the employee and, if medically appropriate for the employee, order COVID-19 testing for the employee. If employees feel uncomfortable with evaluation by the LTC Medical Director, they may alternatively seek evaluation for appropriateness of COVID-19 testing through their own primary care provider.
2. In LTC facilities with a known COVID-19 case, RIDOH recommends that it is medically appropriate to test all LTC staff and residents every seven to 10 days, which should be considered and coded as a potential exposure to SARS-CoV-2 ([Z20.828](#)).
3. In facilities without a known COVID-19 case, RIDOH recommends that it is medically appropriate for each individual LTC staff member to be tested for COVID-19 every seven to 10 days to facilitate early infection diagnosis and treatment of a staff member given the high-risk setting that places staff at reasonable risk of being exposed to COVID-19. This could also be coded as potential exposure to SARS-CoV-2 ([Z20.828](#)).
4. When ordered by a physician or other healthcare professional for the purposes of diagnosis of an individual LTC staff member or resident, there should be no cost-sharing for COVID-19 testing (no co-payment, co-insurance, or deductible). There should also be no prior authorization requirement.

References

¹ McMichael TM, Clark S, Pogojans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020.

² Kimball A, Hatfield KM, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:377–381.