

Waiver Skilling Guide for SNF Medicare Part A Benefits

CMS 1135 QUALIFYING HOSPITAL STAY WAIVER FOR SNF PPS BENEFITS

CMS guidance to address the COVID-19 public health emergency (PHE) is contained in the waivers granted under section 1135 of the Social Security Act. These policies are effective for the duration of the PHE unless superseded by future legislation.

SECTION 1812(F) WAIVER FOR THE 3-DAY QHS (QUALIFYING HOSPITAL STAY)

The waiver is considered a "blanket waiver" encompassing all SNFs throughout the country.

There is no requirement to apply by center or for individual cases This applies to:

- New admissions from the hospital without a QHS
- From AL/IL
- Directly from the community
- LTC residents without an acute and/or QHS
- Residents transferring from another center

A **5-day PPS MDS** must be completed for all new cases accessing Medicare Part A benefits under the Waiver

The QHS waiver applied to all SNF-level beneficiaries under Medicare Part A

Waiver access applied whether the care the beneficiary requires has a direct relationship to COVID-19 or not

ICD-10 CODES COVID RELATED CONDITIONS

ICD-10 CODES	DEFINITIONS
U07.1	COVID-19: Can be used as a primary code. Typically paired with secondary conditions.
Z86.16	Personal History of COVID-19. Used as additional code
B94.8	Sequelae of COVID-19. Used as additional code
720.822	Contact with and suspected exposure to COVID-19
Z03.818	Exposure to COVID-19 but ruled out

UB-04 INSTRUCTIONS

"DR" condition code is entered in Field Locator 18-28**

Remarks section statement: Declared emergency/disaster

The DR condition code is used by institutional providers only, at the claim level, when all of the services/items billed on the claim are related to a COVID-19 waiver.



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TIPS FOR WAIVER USE IN THE SNF

- 1. SNF Professionals determine daily skilled need is met
- 2. Physician endorsement of skilled need
- 3. The resident has been affected by the Public Health Emergency + as a Practical Matter could only receive skilled services in the SNF setting
- 4. The resident does not need to have COVID to utilize the Waiver of QHS
- 5. Federal guidance supersedes state declarations of "emergency status," this blanket Waiver applied to all skilled nursing and swing bed settings

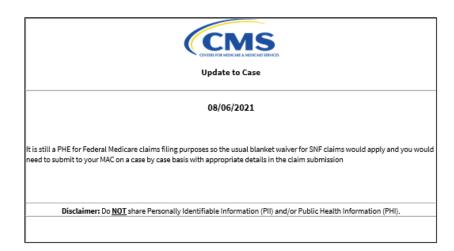
SAMPLE STATEMENTS FOR CERTIFICATION + DAILY NOTES

- Resident admitted from hospital without qualifying hospital stay. Seizure disorder + uncontrolled lower extremity edema prohibits this individual from returning home safely. COVID cases in community are rising and as a practical matter the skills of licensed professionals could only be provide in this setting. 1135 Wavier use in place for access to Medicare Part A benefits.
- Resident s/p fall with sustained fracture, cast on left UE from hospital to SNF for 1135 Waiver
 utilization to access Medicare Part A benefits. Lives alone with multiple medical complications
 including syncope, HTN, vertigo and anxiety/depression placing them at high risk for further injury
 and medication mismanagement. High risk for COVID exposure situation with premature return
 home to community with rising COVID cases and having repeat emergency room visits.
- Resident with Parkinson's Disease, dementia, spinal fusion and TIA to utilize 1135 Waiver for access
 to Medicare Part A benefits r/t recent hospital assessment due to weakness and severe
 ambulation difficulties. COVID virus cases rising in the community and local hospitals



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CMS WRITTEN RESPONSES | AUGUST 2021



CMS Response to Direct Communication (abbreviated)

We're replying to your 08/06/2021 request about Coronavirus Disease 2019 (COVID-19):

Inquiry Type: Skilled Nursing Facility

Inquiry Description: If a state has declared they are not in a state of emergency can a resident be skilled under part A services under the 1135 waiver if they have a skilled need

CMS Response:

Thank you for inquiring concerning the CMS 3-Day Prior Hospitalization waiver issued during the public health emergency (PHE) for the COVID-19 pandemic (COVID-19 PHE)

It is correct that CMS temporarily waived the requirement for 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay. This waiver is listed in the CMS fact sheet, COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers. Please see the Long-Term Care Facilities and Skilled Nursing Facilities (SNFs) and/or Nursing Facilities (NFs) section, beginning on page 16, which included the following information.

"Using the waiver authority under Section 1812(f) of the Social Security Act, CMS is temporarily waiving the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay. This waiver provides temporary emergency coverage of SNF services without a qualifying hospital stay."

These blanket waivers are in effect, with a retroactive effective date of March 1, 2020 through the end of the emergency declaration. These waivers DO NOT require a request to be sent to CMS for their use.



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CMS RESPONSE (CONTINUED)

Medicare Learning Network article, from pages 13-15 discuss the waiver further:

"CMS recognizes that disruptions arising from a PHE can affect coverage under the SNF benefit:

- Prevent a beneficiary from having the 3-day inpatient qualifying hospital stay (QHS)
- Disrupt the process of ending the beneficiary's current benefit period and renewing their benefits.

Emergency waivers of QHS and benefit period requirements under §1812(f) of the Social Security Act help restore SNF coverage that beneficiaries affected by the emergency would be entitled to under normal circumstances.

Using the authority under section 1812(f) of the Social Security Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services (including SNF-level swing-bed services in rural hospitals and Critical Access Hospitals (CAHs)) without a QHS, for those people who experience dislocations, or are otherwise affected by COVID-19. In addition, for certain beneficiaries who recently exhausted their SNF benefits, the waiver authorizes a one-time renewal of benefits for an additional 100 days of Part A SNF coverage without first having to start a new benefit period (this waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances).

For the QHS waiver:

- All beneficiaries qualify, regardless of whether they have SNF benefit days remaining
- The beneficiary's status of being "affected by the emergency" exists nationwide under the current PHE. (You do **not** need to verify individual cases.)"

Sincerely,

Centers for Medicare & Medicaid Services (CMS)