



INNOVATION & FINANCIAL MANAGEMENT GROUP

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June 2020

The Honorable  
United States Representative

Dear \_\_\_\_\_

We are writing in response to your \_\_\_\_\_ inquiry on behalf of your constituent, \_\_\_\_\_ he believes his mother qualifies for an extension of her skilled nursing facility (SNF) Medicare Part A coverage after exhaustion of her current SNF 100-day benefit period during the public health emergency (PHE) on COVID-19.

\_\_\_\_\_ believes that flexibilities granted under Medicare's 1135 blanket waivers, including the flexibility under section 1812 (f) of the Social Security Act, issued on March 13, 2020, should allow this.

Our goal with these waivers is to provide flexibility for the wide variety of challenges that SNFs face during the pandemic. In such circumstances, blanket waivers allow facilities to apply provisions without the need to request them from CMS, thereby allowing SNFs to address very local and very specific challenges.

If the SNF would like to cite and document for their records how the emergency itself is keeping \_\_\_\_\_ from an appropriate discharge, which would have been routinely possible if there had not been an emergency, the SNF may choose to exercise that provision of the 1135 blanket SNF waiver, detailed in this summary (<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>) starting on page 13. In general, it is our expectation that, during the pandemic, SNFs would encounter very few disruptions of the type faced by \_\_\_\_\_

In order to medically document a claim submitted to a Medicare Administrative Contractor (MAC) on this basis, the following actions would need to be taken. The SNF would need to document for their records how the emergency itself is delaying or preventing the beneficiary from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances. Those are patient and facility-specific circumstances, such as the nature of the COVID-19 outbreak in the facility itself and circumstances of care, that the SNF would need to weigh in deciding whether to exercise that provision of the waiver.

If the SNF invokes the waiver, the SNF would need to use the “DR” (disaster-related) condition code on the claim and use “COVID-19” within the claim narrative. The SNF may of course, contact their MAC, , for more specific guidance on billing for service dates after the benefits exhaust.

In general, it is CMS and Medicare policy to not preauthorize coverage for any medical services before they have gone through claims processing by the MAC.

We hope this information clarifies the flexibilities allowable in this situation.

Sincerely,

Director

Division of Innovation & Financial Management