



MEDICARE Part A FFS

1. Goal of the Section 1812(f) Waiver is to **free up as many hospital beds as possible, nationwide.**
2. Therefore, the waiver is nationwide and applies to all hospitals and all SNFs regardless of whether there is COVID present in the hospital or not. So, this is blanket and broad-based.
3. Parameters that remain in place are:
 - a. Patients ***must*** continue to meet the criteria for skilled care located in the Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance located at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf> . It is criteria this continues to be documented.
 - b. Long-Stay patients may be converted to Part A stays as long-stays as long as there is clinical evidence to support conversion to Part A. **I specifically described the scenario of just converting long-stay folks to Part A. The response was – if the patient meets the skilled care criteria noted above, they can be converted to Part A with no hospital stay.**
4. In regard to payment:
 - a. Timeframe: The waiver is retroactive to March 1, 2020 and is in place for 60 days with the option for renewal as needed; and
 - b. Billing: In terms of claims, to ensure payment and so CMS may track these stays, the “DR” condition code should be used by institutional providers (but not by non-institutional providers such as physicians and other suppliers) in all billing situations related to a declared emergency/disaster. The “DR” condition code is intended for use by providers (but not by physicians and other suppliers) in billing situations related to a declared emergency/disaster.