

3-Day Stay Waiver Guidance

On March 13, CMS issued a waiver of the 3-Day Stay inpatient hospital requirement for skilled nursing facilities for Medicare beneficiaries. According to the CMS letter regarding the waiver ([linked here](#)), SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are otherwise affected by the emergency, such as those who are

- (1) evacuated from a nursing home in the emergency area,
- (2) discharged from a hospital (in the emergency or receiving locations) in order to provide care to more seriously ill patients, or
- (3) need SNF care as a result of the emergency, regardless of whether that individual was in a hospital or nursing home prior to the emergency.

Summary of Important Points:

- According to Administrator Verma's press conference on March 13, 2020, the waiver takes effect retroactively to March 1, 2020. The press conference language can be found here: <https://www.cms.gov/newsroom/press-releases/emergency-declaration-press-call-remarks-cms-administrator-seema-verma>.
- According to AHCA, the waiver is in effect for 60 days, with the option to renew.
- According to AHCA, this waiver applies **nationally**.
- Admitting residents do not have to have COVID or be impacted directly or indirectly.
- This waiver applies to admission from hospital, community, and even duals in the facility. They can be flipped to Medicare if skilled criteria is met.
- For billing under this waiver, 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.

- Please note you might have seen communication sent out by IHCA late on Friday evening stating that the waiver is not yet in effect. CMS released the waiver on Saturday, and so the waiver is now in effect.

Please note that an admitting resident still must meet skilled need criteria in Chapter 8 of the Medicare Benefit Policy Manual – and remember to be diligent with all required documentation.