



Swing-bed Waiver

Part A Provider Outreach and Education

May 2020



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[CMS Website \(https://www.cms.gov\)](https://www.cms.gov)

Acronyms

<https://www.cms.gov/apps/acronyms>

Acronyms	Description
CMS	Center for Medicare & Medicaid Service
HIPPS	Health Insurance Prospective Payment System
SNF	Skilled Nursing Facility
LTCH	Long Term Care Facility
IRF	Inpatient Rehabilitation Facility
SE	Special Edition
CAH	Critical Access Hospital

Agenda

- SNF Waiver
- Guidelines
- Certified SNF's to Non-certified SNF's
- Flexibility for IRF's and LTCH's
- Examples
- SE20018
- Swing-bed billing
- Resources



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SNF Waiver

SNF Waiver

- Applies to all Medicare enrolled hospitals
 - Excluding psychiatric and long term care hospitals
 - Providing post-hospital SNF Level swing-bed services for non-acute patients
- Consistent with state's emergency preparedness or pandemic plan
- If patients require acute level of care or continued acute care at anytime while waiver is in effect
 - Do not bill for SNF PPS payment

SNF Waiver Guidelines

- Expands ability of hospital to offer long-term care services (swing-bed)
 - Not requiring acute care
 - Do not meet SNF level of care criteria
- Waiving requirements
 - Special Requirements for hospital providers of long-term care services (swing-beds)
 - Allow hospitals to establish SNF 'swing-beds' payable under SNF PPS to provide additional options

SNF Waiver Guidelines₂

- No longer require acute care
 - Unable to find placement in SNF
- To qualify for this waiver hospitals must:
 - Comply with all hospital conditions of participation and SNF provisions not waived by waiver
 - Consistent with state's emergency preparedness or pandemic plan

SNF Waiver Guidelines₃

- Must call CMS MAC enrollment hotline to add swing bed services
- Attest to CMS that:
 - Made a good faith effort to exhaust all other options
 - No SNF's within hospitals catchment area
 - That would normally accept SNF transfers
 - Hospital meets all waiver requirements
 - Discharge patients as soon as practicable



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Certified SNF's to Non-certified SNF's

Certified SNF's to Non-certified SNF's

Transfer residents from one or more Certified SNFs to a Non-Certified Location that is state approved and where residents must be cared for by SNF staff: Medicare reimbursement remains with the SNF caring for patients in the new location. This location could be utilized by multiple SNFs, providing care with their own staff.



- CMS is waiving requirements related at 42 CFR 483.90, specifically the following: Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults.
- These requirements are also waived when transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services “under arrangements,” as long as it is not inconsistent with a state’s emergency preparedness or pandemic plan, or as directed by the local or state health department. In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care. The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.



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Flexibility for IRF's and LTCH's

Flexibility for IRF's and LTCH's

Flexibility for Inpatient Rehabilitation Facilities (IRFs) & Long-Term Care Hospitals (LTCHs)

Freestanding IRFs and "distinct part unit" (rehab units part of an acute care facility) IRFs, and LTCHs are considered hospitals for Medicare enrollment and oversight purposes. They can furnish and bill Medicare for covered inpatient services, and, similar to other hospitals, they can take use waivers of CoP waivers and other flexibilities to expand capacity during the PHE.

Below are additional flexibilities specific to IRFs and LTCHs that enable them to treat more acute beneficiaries during the PHE.

IRFs

- Rehabilitation physicians can conduct the required 3 face-to-face visits per week by telehealth during the PHE. [IFC 1]
- During the PHE, rehabilitation physicians do not need to conduct the post-admission evaluation. [IFC 3]
- IRFs admitting patients in response to the PHE can exclude those patients for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60 percent rule"). [Waiver]
- Acute care hospitals with inpatient rehabilitation units can relocate inpatients from rehabilitation unit to an acute care unit as a result of this PHE. [Waiver]
- Acute care hospitals can house acute care inpatients in excluded distinct part units, such as excluded distinct part unit IRFs or IPFs, where the distinct part unit's beds are appropriate for acute care inpatients. [Waiver]
- CMS is implementing Section 3711(a) of the Cares Act (PL 116-136), which requires CMS to waive the requirement that IRF patients generally receive at least 15 hours of therapy per week.

LTCHs

- LTCHs can exclude patients admitted or discharged in order to meet the demands of the emergency from the 25-day average length of stay requirement, which allows these facilities to be paid as LTCHs. [WAIVER]
- CMS is implementing Section 3711(b) of the Cares Act, which requires CMS to waive the LTCH 50% rule (at least 50% of patients meet LTCH criteria), as well as the site-neutral payment rate (lower rate applied when LTCH criteria not met).



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Example of Blanket Waiver

Example

CMS Example Scenarios: SNFs

Two or more Certified SNF/NFs transfer patients between facilities to create a COVID and Non-COVID Facility. Allowed under Blanket Transfer Waiver without additional approval. Each certified SNF bills Medicare for the residents in their facility.



- CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes: Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;
- Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or
- Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

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SE20018

SE20018

- Hospitals, defined in Section 1861(e) of the Act
 - Approved to provide swing bed services
 - Allows them to use their beds for acute care or post-hospital SNF care
 - After meeting the eligibility criteria at 42 CFR 482.58(a)(1)-(4)

SE20018₂

- Normally hospitals and CAHs submit CMS-855A to MAC for swing bed approval
 - During PHE hospitals and CAHs call Medicare provider enrollment hotline
 - Request swing bed approval

SE20018₃

- Hospital and CAH do not need to locate their swing beds in a special section of the facility
 - Unless hospital or CAH require it
- Approved hospitals or CAHs may use any acute care inpatient bed within the hospital or CAH provide swing bed services

SE20018₃

- Documentation of acute care discharge and admission to swing bed status must be in medical records
 - Acute care discharge orders
 - Including discharge summary
 - Admission orders to swing bed status
 - Whether the beneficiary stays in same hospital or CAH or transfers to another approved swing bed or CAH
 - Appropriate progress notes

SE20018₄

- Under swing bed waiver during the PHE hospitals must call Medicare provider enrollment hotline to add swing bed services
- When calling provider enrollment hotline, hospital must attest to CMS that:
 - They made a good faith effort to exhaust all other options
 - No SNFs within hospitals catchment area would accept SNF transfers

SE20018₅

- Hospital meets all waiver eligibility requirements
- Plan to discharge patients as soon as practicable, when a SNF bed becomes available

SE20018₆

- Must complete comprehensive assessment of swing bed patients
 - Needs
 - Strengths
 - Goals
 - Life history
 - Preferences
- In MDS Resident Assessment Instrument (RAI) specified by CMS for patients receiving SNF level of care

SE20018₇

- Providers may use MDS RAI manual
- Request assistance from RAI Coordinator
 - Appendix B of the MDS RAI manual, which is available at <https://www.cms.gov/files/document/appendix-b-03262020.pdf>



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Swing-bed Billing

Swing-bed Billing

- SNF/Swing Bed bill upon the following:
 - Discharge
 - Benefit exhaustion; or
 - A decrease in level of care to less than skilled care
- Sequential Order
 - Monthly claims

Swing-bed Billing₂

- Type of Bills – Continued
 - Inpatient Swing Bed (18X)
 - 180 No-pay Claim
 - 181 Admit through discharge claim
 - 182 First Interim Claim
 - 183 Continuing Interim Claim
 - 184 Discharge Claim
 - Inpatient Part B (12X) billed under the hospital PTAN

Swing-bed Billing₃

- Condition Codes
 - 04 Information Only - MA Plan
 - 40 Same Day Transfer
 - 55 SNF Bed Not Available
 - 56 Medical Appropriateness
 - 57 SNF Readmission
 - 58 Terminated Medicare Advantage Enrollee

Swing-bed Billing₄

- Occurrence Codes
 - 21 Utilization Review (UR) Notice Received
 - 22 Date Active Care Ended
 - 50 Assessment Reference Date (ARD)

Swing-bed Billing⁵

- Occurrence Span Codes
 - 70 Qualifying Stay Dates
 - 74 Leave Of Absence (LOA)
 - 78 SNF Prior Stay Dates

Swing-bed Billing₆

- Value Codes
 - 09 Medicare Coinsurance Amount in the First Calendar Year in Billing Period
 - 11 Medicare Coinsurance Amount in the Second Year in Billing Period
 - 80 Covered Days
 - 81 Non-covered Days
 - 82 Coinsurance Days

Swing-bed Billing₇

- Revenue Codes
 - 0022 HIPPS code
 - 0120 Room and board
 - 0180 LOA if applicable
 - 0250 Pharmacy
 - 0270 Supplies
 - 0300 Lab
 - 0320 X-ray

Swing-bed Billing₈

- Revenue Codes
 - 0420 Physical Therapy
 - 0430 Occupational Therapy
 - 0440 Speech Language Pathology

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Skilled Care Documentation

- When necessary, all entities must work together to obtain records for patients
- Cooperation amongst the following is essential in retrieving medical records
 - Physician's Offices
 - Hospitals
 - Therapy and Laboratory Departments

Skilled Care Documentation₂

- Physician Order
 - Legible, signed and dated
 - Illegible: send signature logs and attestation statements
 - Order for skilled service
 - Laboratory tests
 - Automatic, routine or generic standing orders for lab tests are not allowable under Medicare
 - Medication

Skilled Care Documentation₃

- Vital sign records, weight sheets, care plans, and treatment records
- Documentation for the look-back period for each MDS billed – may be prior to the billing period
 - Therapy minutes
 - IV administration
 - Activities of Daily Living (ADL) information

Skilled Care Documentation⁴

- Lab reports for the billing period
- PT/OT/SLP:
 - Initial evaluation
 - Plan of care
 - Progress reports
 - On or before every 10th treatment day
 - Treatment encounter notes
 - Discharge summary

Skilled Care Documentation₅

- Patients overall condition
- Instability
- Interventions & beneficiary response
- Physician involvement
- Treatment plan modifications

The logo for Noridian Healthcare Solutions. The word "noridian" is written in a bold, blue, sans-serif font. A white diagonal line cuts through the letters 'o' and 'r'.

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Resources

CMS Resources

- https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf
- <https://www.cms.gov/files/document/se20018.pdf>

CMS Resources

- <https://www.cms.gov/files/document/covid-19-regulations-waivers-enable-health-system-expansion.pdf>
- <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf

Noridian Resources

- <https://med.noridianmedicare.com/web/jea/provider-types/snf>
- <https://med.noridianmedicare.com/web/jea/provider-types/snf-and-swingbed-billing>
- <https://med.noridianmedicare.com/web/jea/provider-types/snf/hipps-coding-pdpm>



Questions?
Thank you!