

## MDS Alert

### Medicare Part A: Get These COVID-Related Answers on Skilled Status

Although COVID-19 has changed almost everything in skilled nursing facilities (SNFs), skilled coverage has not changed.

See these FAQs based on the Skilled Nursing Facility section of the Center for Medicare & Medicaid Services' (CMS) "COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-For-Service (FFS) Billing," which was updated Feb. 19, 2021.

**Question:** If a resident who is a Medicare Part A beneficiary has exhausted their SNF benefits but still requires skilled care for a condition unrelated to COVID-19, can the resident continue to receive skilled care under any of the current waivers?



**Answer:** No, if the resident has a condition that requires skilled care but is not directly affected by COVID-19, none of the waivers, including the section 1812(f) waiver apply. In such a situation, the resident's continued need for skilled care is the roadblock to the 60-day "wellness period" rather than the COVID-19 emergency, CMS says.

**Question:** If a resident has a confirmed positive infection of COVID-19, does that diagnosis alone mean they qualify for receiving a skilled stay covered by Medicare Part A?

**Answer:** No, a diagnosis of COVID-19 does not, in and of itself, qualify. "SNF coverage isn't based on particular diagnoses or medical conditions, but rather on whether the beneficiary meets the statutorily prescribed SNF level of care definition of needing and receiving skilled services on a daily basis which, as a practical matter, can only be provided in a SNF on an inpatient basis," CMS says.

For more COVID-19-related questions about skilled coverage, see [www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf](https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf).