

### Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)

The Secretary of the Department of Health & Human Services declared a public health emergency (PHE) in the entire United States on January 31, 2020.

On March 13, 2020 Secretary Azar authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to March 1, 2020.

---

The Centers for Medicare & Medicaid Services (CMS) is issuing blanket waivers consistent with those issued for past PHE declarations. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency. You do not need to apply for an individual waiver if a blanket waiver is issued.

#### **More Information:**

As a result of this PHE, apply the following to claims for which Medicare payment is based on a “formal waiver” including, but not limited to, Section 1135 of Section 1812(f) of the Act:

1. The “DR” (disaster related) condition code for institutional billing, i.e., claims submitted using the ASC X12 837 institutional claims format or paper Form CMS-1450.
2. The “CR” (catastrophe/disaster related) modifier for Part B billing, both institutional and non-institutional, i.e., claims submitted using the ASC X12 837 professional claim format or paper Form CMS-1500 or, for pharmacies, in the NCPDP format.

Medicare FFS Questions & Answers (Q&As) available on the Waivers and Flexibilities webpage apply to items and services for Medicare beneficiaries in the current emergency.

#### **These Q&As are displayed in two files:**

- Q&As that apply [without any Section 1135](#) or other formal waiver.
- Q&As apply only [with a Section 1135](#) waiver or, when applicable, a Section 1812(f) waiver.

Section 1812(f) of the Act allows Medicare to pay for SNF services without a 3-day qualifying stay if the Secretary of Health and Human Services finds that doing so will not increase total payments made under the Medicare program or change the essential acute-care nature of the SNF benefit.

#### **Examples of these 1135 waivers or modifications include:**

- Conditions of participation or other certification requirements
- Program participation and similar requirements

- Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State
- Emergency Medical Treatment and Labor Act (EMTALA)
- Stark self-referral sanctions
- Performance deadlines and timetables may be adjusted (but not waived)
- Limitations on payment for health care items and services furnished to Medicare Advantage enrollees by non-network providers.

These waivers under section 1135 of the Social Security Act typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

Additionally, the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers regulation applicable to all 17 provider types, also requires inpatient providers to have policies and procedures that address the facility's role under an "1135 waiver". See Medicare Learning Network article [SE20011.pdf](#).

If you need any support during this challenging time, please call us at (877) 532-6347.

[Team Cantata Health](#)

---

**If you have questions, please contact us via any of the following:**

- Enter a CSR in Nexus: [Nexus Login](#)
- Call us: [877-532-6347](#)

Cantata Health  
10800 Pecan Park Blvd, Suite 315, Austin, TX 78750  
[Contact](#) | [Privacy Policy](#)  
[Unsubscribe](#)

© 2019 Copyright