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# 2022 Medicare Regulations & Legislative Priorities-A Look Ahead: Cardiac/Intensive Cardiac Rehabilitation & Supervised Exercise Therapy for PAD

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I have no disclosures.

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## Outline

- Virtual direct supervision
- Virtual delivery of hospital outpatient CR/ICR/PR
- Virtual delivery in physician office
- Initial ITP opportunity for physicians
- Regulatory clarification and alignment
- Supervised Exercise Therapy for Symptomatic PAD
- 2022 final Medicare hospital outpatient payment rates
- Advocacy efforts

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## 2022 Medicare Provisions for CR/ICR and PR

- CMS refers to these provisions as *Conditions of Coverage*
- CR/ICR Provision
  - 42 CFR 410.49
- PR Provision
  - 42 CFR 410.47
- These revised provisions will be posted when available under

  https://central.aacvpr.org/advocacy/health-public-policy

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## Virtual Direct Supervision

- During the public health emergency (PHE), CMS expanded the definition of direct supervision to add option of virtual presence using two-way, audio/video real-time communications technology (excluding audio-only) 42 CFR 410.27
- A **physician** continues to be necessary to meet this requirement for CR/ICR/PR services
- This is applicable in both hospital outpatient & physician office settings

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## Virtual Direct Supervision

- This virtual option will remain in effect “until the end of the year in which the PHE ends”
  - PHE is currently extended until January 16, 2022
  - Health & Human Services (HHS) only has authority to extend the PHE in 90-day periods
  - Virtual direct supervision is **expected to continue through December 31, 2022**
- Has this flexibility helped your program improve access to rehab?

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## Virtual Delivery of CR-ICR-PR in Hospital Outpatient Setting

- *Hospitals without Walls* **waivers** have provided the opportunity for virtual delivery (audio/video real-time communications technology (excluding audio-only) of CR/ICR/PR **during PHE**
- Patient home & other hospital temporary expansion locations have served as the provider-based department (PBD) under waiver

Hospital Outpatient Prospective Payment System (HOPPS);11-16-21

federalregister.gov/d/2021-24011

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## Virtual Delivery of CR-ICR-PR in Hospital Outpatient Setting

- Waivers expire at conclusion of the PHE
- That means virtual delivery of hospital-based CR/ICR/PR will **no longer be an option after expiration of PHE**
- Note that CMS does not refer to this as "telehealth"

  *"Hospitals do not bill for Medicare telehealth services."*

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## Virtual Delivery of CR-ICR-PR in Physician Office Setting

- CR/ICR/PR services were added to list of **temporary** telehealth codes
- These are effective through 12-31-2023
- **These codes are available only for CR/ICR/PR programs in physician practices (physician-owned)**
- These telehealth codes are **not available for hospital outpatient** CR/ICR/PR programs
- Note: This represents less than 2% of Medicare CR/ICR/PR services in US

CMS Physician Fee Schedule; 11-19-2021
federalregister.gov/d/2021/23972

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## New Option for *Initial* Individualized Treatment Plan (ITP)

- Reimbursed **to a physician** if this first ITP is completed and billed by a physician during a **separate Evaluation & Management (E/M) visit**
- Physician selects which E/M code best represents the level of work provided at this visit
  - E/M codes are **available only to physicians for this service**
  - Claim is submitted from the physician practice
- Initial ITP may be completed **prior to or on 1st day** of rehab
- NOT NEW: Initial ITP must be signed no later than 1st billable (i.e., exercise) session

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## New Option for *Initial* Individualized Treatment Plan (ITP)

- Only one physician signature is necessary
- This can be a referring MD, one of patient's other MDs, MD working in rehab dept, or medical director
- NPPs are **not eligible** to bill for this initial ITP
- **Not** billable by hospital outpatient CR/ICR/PR program
- *CMS intention* is to reduce burden on program and lessen potential delay in enrollment

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## Regulatory Clarification & Alignment

Outcomes assessments **may be performed by program staff** for consideration, development, review, & signature by physician

- **CMS**: "…important supportive role program staff play to the physicians…"
- This clarification suggests recent RAC audit denials of CR-ICR-PR based on ITPs *"not completed by physician"* were denied in error

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## Regulatory Clarification & Alignment

- NPPs will be allowed to order & supervise CR/ICR/PR in **January 2024** (per BBA of 2018- thanks to all for that)
  - Unless HR 1956 passes to allow earlier effective date

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## Supervised Exercise Therapy for PAD

- No changes in Medicare rules for 2022
- National Coverage Determination (NCD) 20.35: *Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease*
- MLN Matters MM11022 lists ICD-10 codes
    - https://central.aacvpr.org/advocacy/health-public-policy
- SET is limited to 72 lifetime sessions under Medicare
    - A second referral is required for sessions over 36 and/or beyond a 12-week period
    - CMS counts down # of sessions used (like PR)
    - KX modifier is required after the first 36 sessions are received

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## Supervised Exercise Therapy for PAD

- Level of supervision: Direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist
- Must have a face-to-face visit with MD managing PAD treatment to obtain a referral to SET
- Physician is responsible for education/counseling on cv disease, PAD risk factor reduction, behavioral interventions, and outcomes assessments
- Two settings covered: hospital outpatient or MD office
  - ***Opinion***: fits well within a CR program under "qualified staff"

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## Supervised Exercise Therapy for PAD

- Qualifying criterion: **presence of claudication symptoms**
  - This includes pre and post surgical interventions
- Procedure code: CPT 93668
- Limit: One session/day (30-60 minutes)
- Natl average payment is $56-$57 range

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# 2022 Final Hospital Outpatient (OPPS) Payment Rates
## *On-campus & excepted off-campus rates*

| Service | Procedure Code | APC | National Average | Patient/Secondary Insurance Amount |
|---|---|---|---|---|
| Cardiac Rehabilitation w/o Monitor | 93797 | 5771 | $118.55 | $23.71 |
| Cardiac Rehabilitation w/ Monitor | 93798 | 5771 | $118.55 | $23.71 |
| Intens Cardiac Rehab w/o Exerc | G0423 | 5771 | $118.55 | $23.71 |
| Intens Cardiac Rehab w/ Exerc | G0422 | 5771 | $118.55 | $23.71 |
| Pulmonary Rehabilitation w/o Continuous Oximetry Monitoring | 94625 | 5733 | $56.85 | $11.37 |
| Pulmonary Rehabilitation w/ Continuous Oximetry Monitoring | 94626 | 5733 | $56.85 | $11.37 |
| Peripheral Vascular Rehab | 93668 | 5733 | $56.85 | $11.37 |
| Therapeutic Respiratory Procedures | G0237 | 5731 | $25.23 | $5.05 |
| Therapeutic Respiratory Procedures – Individual | G0238 | 5731 | $25.23 | $5.05 |
| Therapeutic Respiratory Procedures – Group | G0239 | 5732 | $34.57 | $6.92 |

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## What's on Your Wish List?

- HR3348 will allow CR/ICR/PR to expand space, move off-campus, improve location, reduce waiting lists, add accessible sites **without a severe reduction in Medicare reimbursement.**
- HR1956/S.1986 will move the effective date forward that NPPs could order & supervise CR/ICR/PR **only if it passes.**

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## What's on Your Wish List?

- There is a potential "health care package" in Congress this fall (December) that **could include both bills if enough Congressional Members sign on.**
- How many is enough?
- Do some count more than others?
- https://www.aacvpr.org/Take-Action

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# Thank-you

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# 2022 Medicare Regulations : Pulmonary Rehabilitation & Outpatient Respiratory Services

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## Outline

- Pulmonary Rehabilitation CPT code(s)
- HOPPS Payment rate and calculation
- Direct Patient Contact
- Pulmonary Rehabilitation Coverage for COVID-19
  - Current and 2022
- Options for billing
- Pulmonary Rehabilitation vs. Respiratory Care Services

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# Pulmonary Rehabilitation CPT Codes

| **Current:** | **Effective 1/1/2022:** |
| --- | --- |
| CPT G0424: Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day<br><br>To be retired 12/31/2021 | CPT 94625: Outpatient pulmonary rehabilitation; *without continuous oximetry monitoring* (per session)<br><br>CPT 94626: Outpatient pulmonary rehabilitation; *with continuous oximetry monitoring* (per session) |

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## Pulmonary Rehabilitation CPT Codes

- CPT codes 94625 and 94626 *replace* G0424 starting 1/1/2022
- Both codes represent a 60-minute session
  - If one session is delivered, *session duration* (NOT exercise duration) must be at least 31 minutes.
  - If two sessions are delivered, CMS views it as *cumulative time;* the first session must equal 60 minutes and the second session must be at least 31 minutes (i.e., a total of 91 minutes or more).

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## New Pulmonary Rehab CPT Codes: Things to consider

- CPT codes 94625 and 94626 reimburse the same
- If you currently utilize *continuous* pulse oximetry with your patients, is it due to patient necessity or staff convenience?
  - Strive for value-based care
  - Similar to ECG monitoring / BP monitoring in cardiac rehab
  - Patients may “feel” what the pulse oximeter tells them
- What does CMS mean by “continuous oximetry”?
- What documentation will you provide to meet “continuous” requirement?
- What would auditors expect to see in patient record?

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## HOPPS Pulmonary Rehabilitation Payment Rate and Calculation

- CMS reimbursement for new PR codes (94625 and 94626) remains low in 2022 ($56.85/session nationally)
- CMS uses costs reported on claims to determine reimbursement
- Mean cost reported on nearly 200,000 claims was $45.63
- CMS realizes that reimbursement for PR should be higher
- If not a “bundled” code, what would you bill for?
  - Pulmonary Rehabilitation Toolkit
  - 6MWT, pulse oximetry, exercise equipment, PLB, self-management strategies, ITP development and review, neb/inhaler instruction, chest PT, etc
- What is your facility “charging” for PR? Is it appropriate?

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## 6-Minute Walk Test (6MWT):

- The 6-minute walk test, when provided by Pulmonary Rehab staff, cannot be individually billed in either Pulmonary Rehab or Outpatient Respiratory Services
- It is “part of” both of these services – if the bill is being performed by PR staff and submitted by the pulmonary rehab department it is not separately billable
- *Only IF* the 6MWT is ordered separately, performed by another department and billed in another department, would separate billing for the 6MWT be allowed

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## Direct Patient Contact


- CMS has removed this requirement effective 1/1/2022
- CMS agreed with the AACVPR (and other organizations) who believe this was redundant
- Medical Directors currently oversee patients, review 30-day ITPs, and provide direct patient (face-to-face) contact as needed
- PR staff evaluate patients and track their progress every session
- PR staff identifies the need for direct contact with physician when appropriate

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## ICD-10 Codes – 2021 (Bill as Outpatient Respiratory Services)

ICD-10 codes *released* 10/1/2020 and *effective* 1/1/2021:

**Code first: U07.1** – COVID-19 infection (infection due to SARS-CoV-2)

- Code only confirmed cases
- "Confirmation" does not require documentation of a positive test result for COVID-19; the provider's documentation is sufficient
- U07.1 indicates a "current COVID-19 condition"

**Code second:**

- **J12.82** – Pneumonia due to COVID-19 (SARS-CoV-2)
- **M35.81** – Multisystem inflammatory syndrome
- **M35.89** – Other specified systemic involvement of connective tissue

*Coverage likely varies among MACs.
Check with your hospital experts in billing to see what they recommend.

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## Pulmonary Rehabilitation Coverage for COVID-19

- Starting 1/1/2022 CMS will cover *pulmonary rehabilitation* for individuals who have had confirmed or suspected COVID-19 and experience persistent symptoms that include *respiratory dysfunction for at least four weeks.*
- Hospitalization is NOT required.
- A positive COVID-19 test is NOT required.
- PFTs are NOT required when using the COVID-19 diagnosis
  (Qualifying PFTs are still required when using COPD diagnosis)
- So, what ICD-10 code do we use for these patients?
  - CMS hasn't given us that information…

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## ICD-10 Code Effective 1/1/2022

**U09.9** - For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code U09.9, Post COVID-19 condition, unspecified.

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## ICD-10 Codes – Effective 1/1/2022

ICD-10 codes *released* 10/1/2021 and *effective* 1/1/2022:

**Code first:** the specific condition (or symptom) related to COVID-19 if known, such as:

- **J96.1** – Chronic respiratory failure
- **J12.82** – Pneumonia due to coronavirus disease
- **M35.81** – Multisystem inflammatory syndrome
- **J80** – Acute respiratory distress syndrome
- **B33.24** – Viral cardiomyopathy (?)
- **R06.02** – Shortness of breath (?)

**Code second:**

- **U09.9** – Post COVID-19 condition

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## Pulmonary Rehabilitation vs. Outpatient Respiratory Services

- Outpatient Respiratory Services
  - Aka Respiratory Therapy Rehab
  - Aka Respiratory Therapy Services
- Avoid calling these programs “COPD” and “non-COPD”
  - Commercial payors frequently accept additional diagnoses in PR
  - Starting in 2022, Medicare will allow COPD *and* Post COVID-19 diagnoses (when accompanied by U09.9) in PR
- Do NOT restrict yourself by using Medicare guidelines for all patient referrals
  - Commercial payors are typically much more inclusive
  - Become familiar with the most common insurers in your area

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## Pulmonary Rehabilitation vs. Outpatient Respiratory Services

- General criteria for participation in Outpatient Respiratory Services:
  - Diagnosed with a *chronic* respiratory disease
  - Increased health care utilization (ED visits, hospitalizations)
  - Continued symptoms despite medical therapy
  - Functional limitations
  - Quality of life impairment
- If a patient does not meet PR criteria, they will likely be appropriate for Outpatient Respiratory Services
- Medicare patients with mild, symptomatic COPD could participate in Outpatient Respiratory Services

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# Thank you!

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