

FALL 2009  
By Twyla Selvidge

At this writing nothing has changed for either Cardiac or Pulmonary Rehab. See the summary highlights below. These were in the TACVPR summer newsletter. I can tell you that at the national AACVPR meeting in Pittsburg, the reimbursement committee met with Karen Lui and Phil Porte and they did give us new information on how the AACVPR is at the end of.

You can go to [www.federalregister.gov/OFRUpload/OFRData/2009-15835\\_Pl.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-15835_Pl.pdf)>ViewPdf to read the section on Cardiac and Pulmonary Rehabilitation. This is a 1277 page document. Our section starts on page 434. A comment period is accepted by CMS thru August 31, 2009. CMS will respond to all comments in the final rules to be issued November 1, 2009. If no changes are made to the proposed regulations, the new payment rate and policies will apply to services furnished to Medicare beneficiaries on or after January 1, 2010.

The AACVPR is currently discussing the proposed regulations for Cardiac and Pulmonary Rehabilitation with partner organizations. "A face-to-face meeting with CMS to discuss the clinical ramifications of some of these proposals likely will be needed prior to the submission of formal comments. CMS must be aware of the patient and program barriers that are inherent in some of these new, proposed rules" per a statement issued from the AACVPR Headquarters.

Brief summary of the highlights affecting our programs:

**Cardiac Rehab**

- Each session must be a minimum of 60 time-based minutes
- Minimum two sessions/week
- Maximum two sessions/day
- Patient must exercise aerobically every day of attendance
- ICR: Intensive Cardiac Rehabilitation
  - 60 min session, max 2 sessions/week; max 6 sessions/day; must exercise aerobically every day of attendance; up to 72 one-hour sessions; up to 18 weeks; ICR receive designation as qualified ICR program before being eligible for Medicare coverage (think Dr. Dean Ornish-type program in CA)
- Physician would establish written individualized treatment plan & conduct review every 30 days
- CMS is bound to uphold their interpretation of physician supervision "Direct supervision must be furnished by a doctor of medicine or osteopathy."

**Pulmonary Rehab**

- Dx: COPD defined by the GOLD classification II and III (FEV1/FVC<70%) CMS may consider expansion of the diagnosis
- Every session must include some exercise
- Limit one session/day
- Each session must be minimum of 60 minutes
- Max number of 36 sessions
- Supervising physician expected to have initial direct contact with patient prior to treatment by staff
- Physician would establish written individualized treatment plan, conduct review every 30 days with direct contact
- Single bundled G code payment