

What's New on the Reimbursement Front
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The AACVPR has addressed in their recent newsletter some misconceptions regarding future Medicare regulations. As a reminder, Public Law 110-275, the legislative mandate from Congress to CMS for new coverage rules for Cardiac & Pulmonary Rehabilitation services does not go into effect until January 1, 2010. Until that time, the only major changes to CMS policy regarding CR & PR would be thru local MACs. It is the MAC (Texas is TrailBlazer Health Enterprises) that will determine local coverage policies for all Medicare covered services.

One rumor circulating is that after January 1, 2009, physician involvement is no longer necessary for Cardiac Rehab to be delivered. It is true that after January 1, 2010 coverage will no longer be regarded as an incident-to physician service. However, the statute assures that CR & PR will continue to be physician-supervised services with a Medical Director who is responsible for and substantially involved with, the operation of the program. We will have to wait to see how CMS will define those physician supervision requirements.

Another misconception pertains to the use of NPP. The role NPPs have in CR and PR programs will be largely determined by state law and LCDs typically state it in just those terms. Our LCD does not mention NPPs for supervision or medical directors.

The question of exclusive use of CR services for outpatient Phase II continues to come up. This refers to the requirement that a CR program must operate separate from other patient populations or hospital services. This terminology was intentionally removed from the CMS NCD in 2006 when CR policy was revised, but the old language persists in some LCDs. The LCD for CR from TrailBlazer (last revision 8/8/09) still contains the following: "The program is conducted in an area set aside for the exclusive use of the program while it is in session." INTERPRETATION: CR programs under this LCD must have an area for the patients that is separate from other outpatient services.

With the advent of a new administration, it is clear that health care will be addressed in 2009 based on President-elect Obama's agenda for health care reform. Senator Max Baucus (D-MT), Chairman of the Senate Finance Committee, stated in his recent Call to Action document the urgent need for health care reform in 2009. He states: The economic impact of chronic disease is staggering. A Milken Institute study found that treatment of the seven most common diseases, coupled with productivity losses, costs the U.S. economy more than \$1 trillion annually. About 78% of the nation's total health care spending is due to chronic illness, obesity has doubled since 1987, accounting for a 30% rise in health care spending between 1987 & 2005. Despite the human & economic cost of chronic disease, the U.S. health system does little to address the underlying health problems that lead to these conditions. The AACVPR feels that our services are well poised to address the chronic disease problem with rehabilitation & education that when implemented, can make an impact on our nation.