Reimbursement and Legislative Update

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Reimbursement and Legislative Update

- No disclosures
Reimbursement and Legislative Update

- Novitas Medicare News 3/31/17
- Episode Payment Models
- Cardiac Rehabilitation Incentive Payment Model
- Certification Updates
- Questions and Answers
Reimbursement and Legislative Update-Novitas News 3/31/17

- Coverage, Physician standards, Required components and limitations
  - Cardiac Rehabilitation
  - Pulmonary Rehabilitation
  - Intensive Cardiac Rehabilitation
Cardiac Rehabilitation

- Acute Myocardial Infarction within preceding 12 months
- Coronary Artery Bypass Surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- PTCA or coronary stenting
- Heart or heart-lung transplant
- Stable, chronic heart failure, EF<35%, NYHA class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks
Components of a Cardiac Rehabilitation Program:

- **Physician-prescribed exercise** each day of CR
- **Cardiac risk factor modification**—including education, counseling, and behavioral intervention, at least once during the program, tailored to the patients’ individual needs
- **Psychosocial assessment**
- **Outcomes assessment**
- An **individualized treatment plan** detailing how components are utilized for each patient.
Reimbursement and Legislative Update - Cardiac Rehabilitation

- Frequency Limitations and Duration
  - Limited to a maximum of 2 one-hour sessions per day, up to 36 sessions over a period of up to 36 weeks
  - Option for an additional 36 session over an extended period of time if the KX modifier is reported and services are medically necessary
  - Duration of treatment must be at least 31 minutes for one session or at least 91 minutes for two sessions
Reimbursement and Legislative Update - Cardiac Rehabilitation

Coding Requirements

- 93797 - Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring per session
- 93798 - Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring per session
Reimbursement and Legislative Update- Pulmonary Rehabilitation

- Coverage Requirements
  - Moderate to very severe chronic obstructive pulmonary disease (COPD) (defined as GOLD classification II, III, and IV), when referred by the physician treating the chronic respiratory disease

- Frequency Limitations and Duration
  - Limited to 2 one hour sessions per day, for up to 36 lifetime sessions (in some instances, up to 72 lifetime sessions) Note: Report the KX for medically necessary sessions 37-72

- Coding: G0424-PR including exercise (includes monitoring), per hour, per session
Reimbursement and Legislative Update-Pulmonary Rehabilitation

- Components of a Pulmonary Rehabilitation program
  - **Physician-prescribed exercise** each day—must have aerobic exercise
  - **Education and Training** tailored to individual’s care and treatment, including information on respiratory problem management and if appropriate brief smoking cessation counseling
  - **Psychosocial assessment**
  - **Outcomes assessment**
  - **An Individualized Treatment Plan** detailing how the above components are utilized for each patient.
ICR programs are defined as physician supervised programs that furnish the same items/services under the same conditions as a CR program.

ICR programs must demonstrate through peer reviewed, published research that it accomplished one or more of the following:

- Positively affected the progression of coronary heart disease
- Reduced the need for CABG or PTCA
Reimbursement and Legislative Update-ICR

ICR program must demonstrate through peer-reviewed, published research that it accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before CR to after CR services:

- Low density Lipoprotein
- Triglycerides
- BMI
- Systolic BP
- Diastolic BP
- Need for medications-
  cholesterol, BP or Diabetes
Reimbursement and Legislative Update - ICP

- Frequency Limitations and Duration: Limited to 72 one-hour sessions, up to 6 sessions per day over a period of up to 18 weeks.
- Additional sessions require the KX modifier if medically necessary.
- Duration of the treatment must be at least 31 minutes.
- Additional sessions beyond the first session may only be reported in the same day if the duration of treatment is 31 minutes or greater beyond the hour increment.
Reimbursement and Legislative Update - ICR

- Components: same as Cardiac Rehabilitation
- Coding Requirements
  - G0422: ICP, with or without continuous ECG monitoring, with exercise, per session
  - G0423: ICR; with or without continuous ECG monitoring, without exercise, per session
Reimbursement and Legislative Update- Episode Payment Model

- Episode is 90 days - Initiated at hospital admission to 90 days post discharge
- AMI or CABG
- Model covers 5 performance years - starting fall 2017
- Federal Registry/Volume 82 January 3, 2017 page 282
- Goals: Higher quality and more efficient service delivery
  - Coordination across inpatient and post acute services
  - Reduce readmissions and complications
  - Using appropriate post acute settings
Reimbursement and Legislative Update- Episode Payment Model

- Services continue to be paid according to fee for service
- EPM retrospective payment methodology
- At end of year, Medicare claim payments for all services furnished in the episode are combined to calculate an actual episode payment
- Actual payments are reconciled against quality adjusted target price
  - Medicare pays participant if actual is less than target with acceptable or higher quality score
  - Hospital repays Medicare if actual payment exceeds target and quality score is not acceptable
Reimbursement and Legislative Update - CR Incentive Payment Model

- CMS Goals
  - Significant improvement in long term outcomes
    - Cardiovascular mortality
    - Improved health related Quality of Life
    - Reduced risk of hospital admissions
  - CR is under utilized: has potential to lead care coordination
  - CR has dose-dependent effect on mortality
  - Timely referral and early enrollment post discharge improve utilization
Reimbursement and Legislative Update

CR Incentive Payment Model

- Cardiac Rehabilitation Incentive Payment is separate and distinct from EPM
- Incentive amounts
  - Visits 1-11 additional $25.00 per session
  - Visits 12-36 additional $175.00 per session
- Incentive payments stop at end of 90 day period
- FFS reimbursement for CR/ICR continue per statute:
  - Up to 36 CR sessions within 36 weeks
  - Up to 72 sessions within 18 weeks
Reimbursement and Legislative Update - Program Certification

- Changes for 2018
- Draft of Application is on the AACVPR website
- Biggest Change are Performance Measures - Data Collection is 7/17-12/17
- Cardiac Rehabilitation
  - Improvement in Functional Capacity - Percentage of patients who had improvement in functional capacity
    - Symptom-limited exercise test
    - Estimated exercise session peak MET level
    - 6 min walk test
Reimbursement and Legislative Update - Certification

- Cardiac Rehabilitation Performance Measures-cont.
  - Optimal Blood Pressure Control-Percentage of patients at the end of program with BP < 140/90
  - Tobacco Use Intervention-Percentage of patients in CR who received tobacco cessation if identified as a smoker or recent smoker (quit in last 6 month)
  - Improvement in Depression-Percentage of patients with a positive depression screen who experience a decrease in depressive symptoms-measured by PHQ9, BDI-II, PRFS or HADS
Pulmonary Rehabilitation Performance Measures - COPD or ILD, complete program in 3 months, come at least 10 times

- Improvement in Functional Capacity - Increase by at least 30 meters on 6 minute walk test
- Improvement in Dyspnea - MMRC, UCSD-SOBQ or BDI/TDI tests
- Improvement in Health Related Quality of Life - CRQ, SGRQ, CAT-COPD assessment test
QUESTIONS