AACVPR UPDATES

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Physician Fee Schedule vs Hospital Outpatient Prospective Payment (HOPP) impacting CR and PR

Programs “grandfathered in” with building plans made by November 2015

Programs reimbursement rates decreased from approx. $110 to $35-$40 per session after this time that moved >250yds from main hospital

CMS reports “unintended consequence”

CMS directs us to Congress for solution

House bill number 4838, waiting on companion senate bill

AACVPR advocacy states “a very strong disincentive for hospitals to improve patient access to PR/CR services.”
WHAT CAN WE DO AS CR/PR PROFESSIONALS?

- Virtual lobbying tool now launched
- Tool will fill in blanks after inputting zip code
- QUANTITY IS CRITICAL
- FCVPR will be sending to members to disburse tool to colleagues, administrators, patients and support groups throughout our state
- This bill will help ALL facilities to continue to reach more patients and be reimbursed to be able to serve our areas more effectively
- AACVPR Day On The Hill – March 2-3
- Visit AACVPR Advocacy page for all information
PHYSICIAN SUPERVISION

- Bill HR1155 passed in 2018 and allows Critical Access Hospitals to have advanced care providers (ARNP, PA, etc) available for supervision, but not until 2024.
- AHA, ACC and WomenHeart along with multiple organizations have current bill HR 3911 to begin NPPs to begin providing direct supervision in 2020.
- Also, it will authorize NPPs to order CR and PR.
- Senate companion bill is currently being sought and bill cost has not been scored by CBO yet.
- For now, all CR and PR has to be supervised by MD/DO and ordered by MD/DO.
2020 PROPOSED PAYMENT RATES

- 93668 SET PAD payment=55.87, co-pay=11.18
- 93798 Monitored CR payment=110.60, copay=22.12
- 93797 Non-monitored CR payment=110.60, co-pay=22.12
- G0422 ICR with exercise payment=110.60, co-pay=22.12
- G0423 ICR with no exercise payment=110.60, co-pay=22.12
MEDICARE FOR CR AND PR IN 2020

- No lifetime cap on number of CR sessions, 72 lifetime cap for PR sessions
- KX modifier is applied for all sessions beyond initial 36
- 36 sessions within 36 week window for CR
- MI only dx with an enrollment window within 1 year from date of MI
- ECG monitoring is based on clinical need and NOT required by CMS, some private insurers require.
- Pts with stable HF (EF= or <35% are eligible for ICR)
  - Stable – no recent or planned hospitalizations within last 6 weeks to begin CR
MEDICARE RULES FOR SET PAD IN 2020

- Pts must have symptomatic PAD
- Lifetime max of 72 sessions
- No ITP needed
- No ECG monitoring
AUDITS

- Notify your Florida affiliate MAC Resource Group if your hospital is audited
- Cotiviti audits
- Appeals CAN be made
- Know your business office team
- Office of Inspector General (OIG) – AACVPR reports no audits reported so far
MEDICARE ADVANTAGE

- Cap of $50/session for CR
- Cap of $30/session for PR
- MA plans not under supervision of regional MAC
- Know your “top 3” MA plans
- MA plans are expected to stay up to date on new and/or changing Medicare Part A and Part B coverage policies
6TH EDITION OF AACVPR GUIDELINES

- Release date approximately March 2020
- Cardiac Rehabilitation (CR) and Secondary Prevention (SP) often used interchangeably (also have removed from title)
- Chapter added for Physical Activity and Exercise (not included previously)
- Chapter focusing on CR patients and Long Term maintenance for patients
- Section for Disparities section added
- ECG monitoring – addresses appropriate level for pts
- Exercise BPs – no data that shows this has to be done
- Section on Environmental concerns for pts added
THANK YOU

Please see contact information for our Florida MAC Resource Group below:

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Please let us know if you are can attend 2020 AACVPR Day On the Hill:

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