

Reimbursement Updates

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DRAFT POLICY for *CARDIAC REHABILITATION and INTENSIVE CARDIAC REHABILITATION* and *PULMONARY REHABILITATION*

On May 21, 2010, the Trailblazer website posted new draft policies for both Cardiac Rehab and Pulmonary Rehab. The public comment period runs from July 1, 2010 to August 15, 2010. Notable issues in these draft forms are different from the current CR LCD or the retired Outpatient PR LCD:

CARDIAC REHAB

- For CABG, date of entry into CR should be within 3 months of the CABG procedure. Current LCD policy states 6 months.
- For Heart valve repair or replacement, date of entry into CR should be within 3 months of the surgery. Current LCD policy states 6 months.
- For PTCA or stent placement, date of entry into CR should be within 3 months of the surgery. Current LCD policy states 6 months.
- Current LCD states duration of 12-18 weeks, but federal regulations state 36 weeks
- Frequency of fewer than two sessions/week not considered medically necessary (implying no reimbursement for one time/week). Federal regulations allow one/week.

PULMONARY REHAB for COPD diagnosis

- Diagnoses include Emphysema, Chronic bronchitis, COPD
- RTs, RNs, PTs, OTs deliver PR as documented in the retired 'Outpatient Pulmonary Rehabilitation', but federal guidelines do not specify a specific discipline.
- Maximum of 72 sessions/lifetime. The word 'lifetime' is not documented in the federal guidelines.
- Physician must be able to respond to an emergency in less than one minute. Not documented as such in the federal guidelines.

The AACVPR is currently working with myself to draft a comment to address the issues presented here.



What's That?	
LCD	Local Coverage Determination
MAC	Medicare Administrative Contractor
AACVPR	American Association of Cardiovascular & Pulmonary Rehabilitation