AACVPR Support Through the Pandemic

Cardiac and pulmonary rehab professionals have often been asked to think outside the box and now, it's needed more than ever. There is no better time for you and your program to show your true value. As the crisis of the coronavirus escalates, you'll be asked to make changes to patient care. AACVPR is here to help.

This is the first of many emails you'll be receiving from us with up-to-date information and essential resources to navigate these unprecedented times. We've established a task force to stay at the front lines of fielding member questions and gathering resources and best practices.

AACVPR COVID-19 Resource Center and Task Force

AACVPR is currently engaging our newly-established COVID-19 Task Force, which is comprised of board members, and both cardiac and pulmonary rehabilitation specialists. This group is focused on serving as a resource and repository for relevant information that pertains to our specialty and serving patients in these unprecedented times. They will be updating this webpage to provide up-to-date resources for you as you navigate the impact of this global pandemic. Please bookmark and check this page often, as content is updated regularly.

Recent FAQ From AACVPR Members

How do I maintain compliance with ITPs and 30-day direct patient contact requirements?

With the interruption in the delivery of CR and PR services, it is adequate to note on the ITP that the beneficiary's course has been stopped due to the coronavirus crisis. There is no need to continue an ITP every 30 days through the closure to re-document this reason. If/when a patient resumes his or her rehab course, a new ITP can provide an updated assessment and treatment plan going forward. Direct patient contact would obviously also be suspended until resumption of the program.

Can a patient resume the rehab program if the window of eligibility is expired?

AACVPR is in the process of clarifying with CMS regional MACs that it should be acceptable for a beneficiary to resume supervised exercise therapy for PAD, allowed a 12-week window for course completion, and Intensive CR, allowed an 18-week window for course completion, to resume their course once this crisis is over. A response to this question will take some time, given the current higher priorities. AACVPR members will be informed as soon as guidance for these Medicare beneficiaries is provided.

Guidance on Telehealth Codes

The CMS announcement on March 17, 2020 that telehealth benefits are being expanded for Medicare beneficiaries has raised questions from AACVPR members about applicability to cardiac and pulmonary rehabilitation. Clarification is needed to eliminate any confusion this has caused for affected programs.

To assist patients in the current emergency, CMS is allowing physicians and other qualified healthcare professionals (QHPs), to provide a specific set of services using existing telehealth codes, listed here. The services specifically pertain to Telehealth visits, Virtual check-ins, and E-visits, defined here.

Telehealth services are paid under the Physician Fee Schedule, so billing for Medicare telehealth services is limited to physicians and QHPs, which include professionals who may independently bill for professional services, such as nurse practitioners, clinical psychologists, and licensed clinical social workers, and registered dieticians. There are three evaluation & management codes available to qualified non-physician health care professional clinicians, as defined in the Fact Sheet.

These "expanded" telehealth codes do not satisfy CMS qualifying criteria for cardiac and pulmonary rehabilitation. The current CPT codes for remote patient monitoring (RPM) likewise do not meet the qualifying criteria for use under the guise of cardiac or pulmonary rehabilitation services. We can be optimistic for the future, but the future is not here yet for Medicare beneficiaries receiving CR and PR services remotely, as currently defined.