

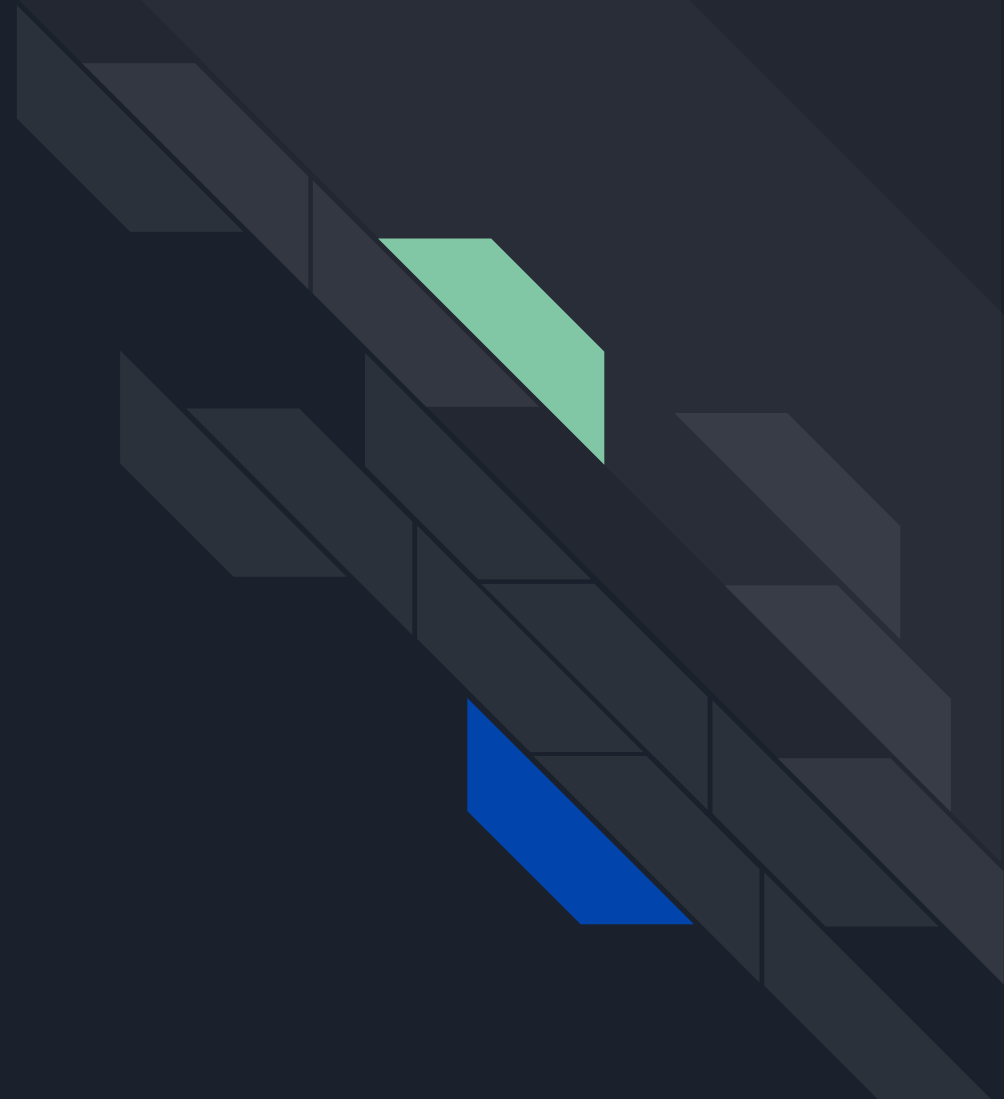


2024 CMS Updates & Cardiac Rehab Billing

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Disclosures:
None





2024 CMS REIMBURSEMENT



We are patiently awaiting 2024 CMS rules.

What we anticipate:

1. ~\$120 per session
2. NP/PA Direct Supervision
3. Virtual Cardiac Rehab extension
(ONLY FOR PRIVATE PRACTICE)



Let's Clarify the NP/PA Supervision

What can Mid-Levels do?

Watch. Mid-levels can provide the direct supervision, similar to how your code team or the ER doc provides supervision now.

Can they sign referrals or ITPs?

NO! Referrals must be signed by an MD/DO.

Good practice: If a mid-level signs; look for a co-signature (electronic or wet).



Virtual Cardiac Rehab!

#1 Question - Are you a hospital entity?

Yes! - Then NO, you can not perform virtual cardiac rehab.

NO! - Then YES! You can perform virtual cardiac rehab, bill on a CMS1500 form.
Be careful! PFS reimbursement isn't great unless you are performing ICR.

* Some hospital systems like Henry Ford have individual contracts with payors to perform VCR. Other hospitals refer patients out to a third party vendor.



2023 WPS - OPE!

In a recent webinar, WPS stated that “only time spent exercising counts towards the 31 minutes...Do not count time patients spends taking a rest, phone call or attending to other needs ”

Susan Flack, along with our Michigan team, is currently working on clarifying with WPS that the 31 minutes is for “monitored” time, not exercising time

Good practice: Timer starts when you hand them the monitor; ends when they are discharged from the system. Most systems will show you total time the patient is there.



SPEAKING OF TIME - YOU MAY NEED 2!

Some hospitals are getting denials because they are not billing 2 codes (93797) after 91 minutes.

REMINDER: CMS currently says if the patient is monitored, the time is ticking.

*I had a patient on the clock for 95 minutes because he had symptoms at the end of his session and we were waiting to hear from the doc. I SHOULD have billed 2 sessions.

Good practice: Bill from the timers and not from the day.



TIME ONLY COUNTS IN HEART ATTACKS

CMS has put a 12 month time limit on MI/NSTEMIs :

- A patient **MUST** begin cardiac rehab within 365 days of having a heart attack

All other diagnosis? Use your best judgment.

- CABG/PCI/PTCA/VR/CHF/etc - if it is outside 12 months: Can you justify?

MAKE YOUR CASE :

If you can prove to the claims adjuster that your patients needs cardiac rehab, **you're golden.**

BUT REMEMBER, if you can't fight in layman's terms, you can't win.



10 - 5 - 3 - 1

This is a rule the billers use:

10 ICDs : the maximum codes you are allowed

5 ICDs : the codes that the insurance companies care about

3 ICDs: the codes that are the most important

1 ICD: is all you need to bill a claim

Good practice: YOU ONLY NEED ONE!

If a patient has multiple qualifying codes, only include 1 - you do not want to have to justify yourself more



MODIFICATIONS:

KX

When your MEDICARE patient exceeds 36 visits in ONE YEAR.

When it does not apply:

Karl has MI #1 : attends 18 sessions of cardiac rehab

Karl has MI #2, 6 months later: attends 18 sessions of cardiac rehab

Karl needs cardiac rehab a third time? KX MODIFY



MODIFICATIONS:

59

A “59” modifier is used when **2 different codes** are billed on the same claim or same day, but are **SIMILAR services**.

93797 & 93797 : No mod needed

93798 & 93798 : No mod needed

93797 & 93798 : 59 NEEDED



I HAVE A PRIOR AUTH - WHY DID I GET DENIED?

Ouch! Prior Auths say “Yes, you can go” - they do not say “You are COVERED to go”.

It is a common misconception that prior authorizations are “permission” for the patient to go.

PA departments and Claims departments are 2 different types of people and they very rarely communicate with each other.

This is especially important in ICD cases where you are unsure if the patient is covered: think cardiac arrest and SCAD. PA can say “sure, you can go”, but Claims might say “not a covered diagnosis”.



HAVING TROUBLES?

2ND TUESDAY OF THE MONTH: Jackie and Jenna host a morning CR/PR HPR & Billing meeting from starting a 7:30 am

Reach out to MSCVPR - Jackie and Jenna sit on the MSCVPR HPR committee and will happily help you out!

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