


DEMYSTIFYING the ITP
CMS & PROGRAM CERTIFICATION GUIDELINES


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OBJECTIVES


Identify required components for Program Certification
Differentiate between CMS and AACVPR ITP requirements
Recognize the value of program certification standards

NO DISCLOSURES



ITP- INDIVIDUALIZED TREATMENT PLAN

Summary of the *individualized* care planned for the patient
from assessment/orientation through discharge



CMS Conditions of Coverage

Components of a cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs must include all of the following:

- (i) Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- (ii) Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs.
- (iii) Psychosocial assessment.
- (iv) Outcomes assessment.

Each individualized treatment plan, defining how components are utilized for each patient.
The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.

The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 and 410.47

AACVPR PROGRAM CERTIFICATION

COMPONENTS

• Staff and Competencies

• **ITP**

• Medical Emergencies & Emergency Preparedness

• Exercise RX

• Performance Measures

• Functional Capacity (CR/PR)

• Enrollment & Adherence measures (CR/PR)

• Blood Pressure Control (CR)

• Tobacco Use Intervention (CR)

• Improvement in Depression (CR)

• Improvement in Dyspnea (PR)

• Improvement in Health/ QOL (PR)

resource: aacvpr.org/certification



ITP

CMS Regulations

- Diagnosis identified
- Specific required components
- Individualized
- Signed by a physician
- MD Signature every 30 calendar days

AACVPR Certification Requirements

- CMS regulations are followed
- Required elements clearly labeled
- Submission requirements –
- Assessment, Re-assessment, Discharge/Follow-up
- 1 Core Component active & applicable
- Pt on O2 (PR)

The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 and 410.47: Cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs Conditions of coverage and
AACVPR Certification Application



ITP

Elements/Headers-

- Exercise
- Nutrition
- Psychosocial
- Other core components
- O2 – flow RX & SPO2 parameters (PR)

Steps-

- Assessment
- Plan: includes behavioral interventions, education, & goals
- Reassessment
- Discharge/ follow-up



ITP- EXERCISE

- Assessment
- Ex RX - mode/frequency/duration/intensity
- Plan/ Interventions/ Education
- Goals
- O2 RX & SPO2 RX (PR)



ITP- NUTRITION

- Assessment
 - Actual assessment tool or review of pt's habits
 - Documenting wt/bmi alone is not acceptable
- Plan/ Interventions/ Education
- Goals



ITP- PSYCHOSOCIAL

- Assessment - standardized tool (PHQ9, BDI II, PRFS, HADS)
- Plan/ Interventions/ Education
- Goals



Oxygen (PR)

- Assessment or N/A not applicable
- O2 flow rate & SpO2 RX parameters
- O2 management & titration
- Plan/ Intervention/ Education
 - O2 use and titration
- Goals

*O2 RX flow rate and SpO2 RX parameters can be in exercise element or in O2 element section.
*O2 mgt and titration should be in O2 element section. (AACVPR 2024)



ITP- OTHER CORE COMPONENTS

CR

- Ex: HF, tobacco, HTN, DM, or other risk factors
- Assessment or N/A not applicable
- Plan/ Intervention/ Education
- Goals



ITP- OTHER CORE COMPONENTS PR

- Ex: tobacco, environmental, meds, pulm hygiene, sleep, infection/exacerbation prevention
- Assessment or N/A not applicable
- Plan/ Intervention/ Education
- Goals



AACVPR Certification Application

No HIPAA violations- automatic denial
CMS regulations are followed
All ITPs dated within Jan-Dec
Components are clearly labeled
Submission includes assessment, re-assessment, discharge/follow-up ITPs on same patient.
Education- not a header, included in each component
Physician signature- dates align to every 30 days
Identify patient's first day of exercise
PR application for patient w/O2
Reassessment- includes an active/applicable core component goal data includes details

AACVPR Certification Application 2024

VALUE OF CERTIFICATION STANDARDS

Provides consistent, exceptional care to our clients
Demonstrates alignment with the latest evidence-based medicine, expert opinion, current regulations and measurement of individualized patient outcomes
Demonstrates excellence in our profession





NOW

Direct Medical Supervision- CMS requirement

A physician must be immediately available and accessible at all times program is operating

Medical Supervision for CR/PR
 As of 1/1/2024 Nurse Practitioners (NP), Physician Assistants (PA), and Clinical Nurse Specialists (CNS) may provide "direct supervision" for CR and PR services.
 This is the ONLY thing they are allowed to do. They cannot order CR, ICR, or PR; they cannot sign our ITPs, and they cannot serve as Medical Director.

Virtual Medical Supervision for CR/PR
 Until 12/31/24, medical supervision for our services may be met virtually.
 Unless an extension is granted, starting 1/1/25, supervision of our services rolls back to previous requirement of "physically available in the area."

Reimbursement Legislation

- **SOS: Sustaining Outpatient Services Act (H.R. 953 / S. 1889).**
 correct an unintended consequence created by the Bipartisan Budget Act of 2015, Sect. 603 (Public Law 114-71), which decreased reimbursement for hospital outpatient programs that moved a current program or established a new program in a location > 250 yards from the hospital. This bill has no known opposition, and CMS is supportive. Totally dependent on passage by legislature. As of 4/12/24 House has 20 co-sponsors and Senate has referred to Senate Finance Committee.
- **Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (H.R. 1406 / S. 3021).**
 This bill would permanently allow Medicare beneficiaries to receive CR or PR services via virtual telecommunications technology (real-time, audio-video) in the beneficiary's home. Virtual supervision would be allowed through this two-way A/V technology. Congress is extremely interested in increasing "virtual" services, so this bill may have a chance. As of 4/12/24, there are 57 co-sponsors in the House. Like the other bill, Senate has referred to the Senate Finance Committee.
 Dr. L. Buchon, IN-8, is a cosponsor.
