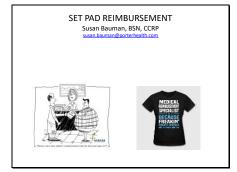
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Slide 1
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Slide 2

<u>SET PAD</u>

- ÷ :
- Supervised Exercise Therapy for PAD CPT Code 93668, Peripheral Arterial Disease rehabilitation per session Up to 36 sessions over a 12 week period Lifetime limit 72 sessions. Cost Commo working file will display remaining sessions available Billing Modifiers: "KC" modifier for all sessions > 36 "p0" PAD program that is established in an excepted (grandfathered) off-campus location "PN" PAD program in an off-campus location that is not excepted

Payment rate \$55.96, co-pay \$11.20 hospital outpatient pay rate, national average stated Feb, 2018

 Off Campus grandfathered programs - After considentiation of the public commute are readered, or are not publication or program public to limit annihis the expansion. Therefore, and an experimental area in the public or annihis to an experimental and the public public public to an experimental and the public public public public or annihis and an experimental and the public public

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CMS components for admission

- A face-to-face visit with the <u>physician</u> responsible for PAD treatment –

 to obtain the referral for SET
 the patient must receive information regarding cardiovascular disease and PAD risk factor reduction- education, counseling, behavioral interventions, and outcome assessments.
- Sessions -30-60 minutes comprising a therapeutic exercise-training program for PAD in *patients with claudication*.
- Conducted in a hospital outpatient setting or a physician's office.
 Delivered by qualified auxiliary personnel who are trained in exercise therapy for PAD.
- Direct supervision- a physician, or physician assistant, nurse practitioner, or clinical nurse specialist who must be trained in both basic and advanced life support techniques.
- Not covered for patients with absolute contraindications to exercise as determined by their primary physician.

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SET PAD & CR II

- SET PAD is a separate and distinct program from cardiac rehabilitation (CR).
- No requirement that a CR program be in an exclusive physical space, so a SET PAD program could be provided concurrently with and in a CR setting with knowledgeable CR staff.
- ECG monitoring and monthly ITPs are <u>not</u> components of SET PAD.
- A list of appropriate ICD-10 codes for SET are listed in the Medicare Claims Processing Manual and MLN Matters (MM 10295).

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Recommendations

- Document symptoms and the patient's exercise progress throughout the course of treatment.
- Individualized Treatment Plans, education, and a medical director are not requirements.
 - Clinicians should assist patients in addressing risk factors that add to the progression of this disease.
 - Suggest plan of care for staff consistency

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Resources

- MLN Matters: MM10295 (ICD-10 codes) https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10295.pdf
- "Decision Memo on Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (CAG-00449N)," which is available at https://www.cms.gov/medicare-coverage-database/details/ncadecisionmemo.aspx?NCAId=287
- AACVPR PAD Exercise Training Toolkitavailable on AACVPR public web page

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... other reimbursement updates

• HR1155 passed

- Non-physician practitioners will be able to <u>supervise</u> (not order) CR/PR in 2024
- AACVPR will work to push that date forward

• 2017 audits

- Most common denial reasons: lack required documentation, lack MD signatures on ITP, lack psychosocial assessment/outcomes on ITP, MD signature on ITP was not on time
 Recommendation: ITP signed by PHYSICIAN prior to or on the first day a charge is submitted

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Site of Service

- Goal: Exemption of Cardiac and Pulmonary Rehabs from Section 603 of 2015 Budget Act
- AACVPR is beginning to look for legislative champions to exempt CR/PR
- Section 603
 Outpatient Physician Services "off campus" are paid at a lower Physician fee for service
 (FF3 schedule rate vs the hospital outpt prospective payment system (HOPPS) rate
 Initiated Nov 2015
- (to date) Plan is to pursue legislation that by physician specialty, nationwide, bills for any CPT or HCPCS code under the Medicare Physician Fee Schedule in an aggregate amount less than S1million in the previous year for which data are available, that code (or codes) would be exempt from Section 603 requirements.

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6 MDW test

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- nge in 2018 to Procedure Code for 6-minute Walk Test For 2018 CMS has provided new codes (94617 and 94618) to better differentiate bet pulmonary-related tests. The new codes have more descriptive definitions. Ch
- 94617 Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographicrecoding(s) and pulse oximetry (describes the procedure used to as induced bronchospasm).
- 94618 Pulmonary stress testing (e.g., 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed (describes the typical simple pulmonary stress test).
- Performance of a 6MWT outside of pulmonary rehab or respiratory services would be billed with 94418. Some examples of this would be performance of a 6MWT to assess activity totrance to help guide traitment of a patient with pulmosary hypertension, or patient being evaluated for equan transplant. If has been the care for the part few years that National Correct Coding Intelling full (KCC) do not allow a 6MWT to be billed examples) or reng care code Gol 2013-93.
- Procedure code 94621 has been revised to read Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake and electrocardiographic recordings (describes the procedure of cardiopulmonary exercise testing). Ref: AACVPR Reimbursement Update 12/4/17