Slide 1

SET PAD REIMBURSEMENT
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Slide 2

SET PAD
- 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. CMS Common Working File will display remaining sessions available
- Billing Modifiers:
  - "FX" modifier for all sessions > 36
  - "FN" 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.

Slide 3

CMS components for admission
- A face-to-face visit with the physician 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.
Slide 4

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 not 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).

Slide 5

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

Slide 6

Resources

- "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/nca-decisionmemo.aspx?NCAId=287
- AACVPR PAD Exercise Training Toolkit: available on AACVPR public web page
Slide 7

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**other reimbursement updates**

- **HR1155 passed**
  - Non-physician practitioners will be able to **supervise** (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 psychological assessment/custories 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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Slide 8

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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 (FFS) schedule rate vs the hospital outpatient 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 $1 million in the previous year for which data are available, that code (or codes) would be exempt from Section 603 requirements.

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Slide 9

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**6 MDW test**

- Change in 2018 to Procedure Code for 6-Minute Walk Test for 2018

  - CMS has provided new codes 94617 and 94618 to better differentiate between the various pulmonary rehabilitation tests. The new codes have more descriptive definitions.

  - 94617 - Exercise test for bronchospasm, including pre and post spirometry, electrocardiographic recording, and pulse oximetry.

  - 94618 - Pulmonary stress testing (e.g., 6-minute walk test), including measurement of heart rate, oximetry and oxygen titration, when performed.

  - Performance of a 6MWT outside of pulmonary rehab or respiratory services would be billed with 94618. Some examples of this would be performance of a 6MWT to assess activity tolerance to help guide treatment or patient self-management intervention, or when performing baseline or follow-up testing.

  - Procedure code 94621 has been revised to read: Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake and electrocardiographic recordings.

  - Ref: AACVPR Reimbursement Update 12/4/17