Health Policy & Reimbursement Update

Extension of COVID-19 Pandemic extends Opportunities for Delivery of Cardiac and Pulmonary Rehabilitation

As reported in the previous Health Policy & Reimbursement Update (September 23), the Public Health Emergency (PHE) related to COVID-19 triggered a series of actions by the Centers for Medicare and Medicaid Services (CMS) to address a broad range of health policies impacted by the pandemic. Some of these actions are delineated in Federal Register notices. Further explanations have been obtained by AACVPR from members of Congress who received letters from the CMS Administrator responding to their requests for specific clarifications regarding cardiac, intensive cardiac, and pulmonary rehabilitation programs (CR/ICR/PR). This information reflects those sources and are critical for a thorough and accurate understanding of the delivery of CR/ICR/PR services during the PHE.

On October 2, Health & Human Services Secretary Alex Azar announced the renewal of the PHE due to the coronavirus pandemic. This declaration is effective October 23, when the previous extension was set to expire, and extends the PHE another 90 days through January 21, 2021 or until the Secretary declares that an emergency no longer exists. This is beneficial for CR, ICR, and PR programs stiving to meet patients’ rehabilitation needs by adding a virtual component to the delivery of these services.

Options are available to established CR/ICR/PR programs under rules in place during the PHE through the Hospitals without Walls initiative that allows a beneficiary’s home to serve as the provider-based department for CR, ICR, and PR services. There are requirements under this waiver that must be adhered to and all other conditions must also be met, for example, clinical indications, furnishing required program components, and supervision of services.

AACVPR developed this FACT SHEET to be used as a general guide in consultation with your institution’s billing and compliance departments, who are ultimately responsible for ensuring that hospitals are in compliance with Medicare’s coverage and payment rules.