



Promoting Health & Preventing Disease

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# COVID-19 and Telehealth

May 18, 2020

In April, AACVPR, in partnership with the American Heart Association, the American College of Cardiology, the American Thoracic Society, the Pulmonary Fibrosis Foundation, the American Society for Preventive Cardiology and the Preventive Cardiovascular Nurses Association, [issued letters](#) to the Centers for Medicare and Medicaid Services (CMS) urging them to consider adding CR/PR to the expansion of telehealth reimbursement for beneficiaries. CMS has yet to approve our request.

[Read the letter](#) AACVPR and our partners sent on May 15 to clarify with CMS by what means we can provide CR/PR services at home.

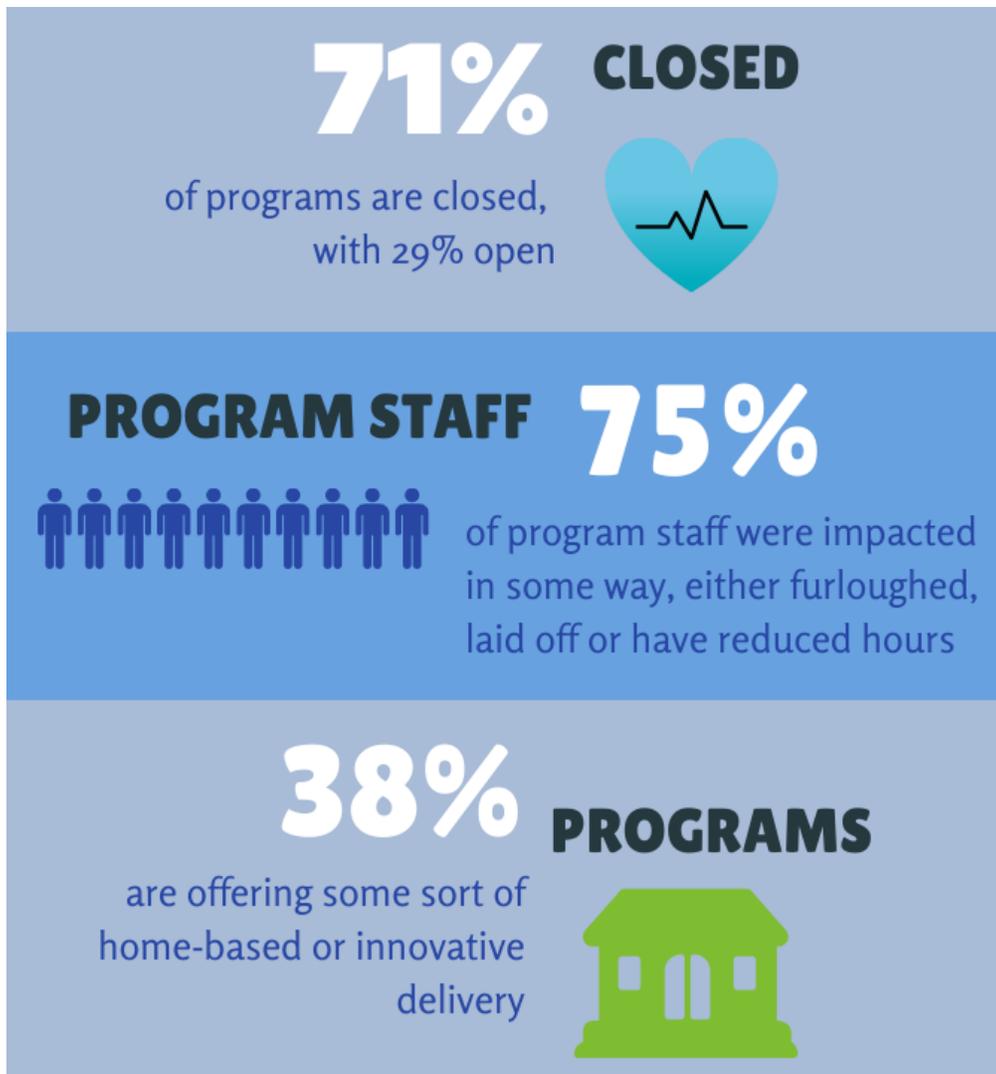
We know CR and PR programs across the country and their patients are feeling the negative effects of this incision from CMS. In a recent survey of AACVPR member program directors, we learned exactly what impact COVID-19 has had on patient care.

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May 1, 2020

### CMS Rejects Telehealth Reimbursement for CR/PR

The COVID-19 pandemic has had a huge impact on cardiac and pulmonary rehabilitation professionals and our patients. Social distancing has forced many of our clinics to suspend their programs, all the while our patients are some of the most at-risk for adverse outcomes of the virus.

This is why it's disheartening that The Centers for Medicare and Medicaid Services (CMS) rejected a proposal from AACVPR to include cardiac and pulmonary rehabilitation services as part of a temporary reimbursement for outpatient telehealth services, which was originally extended to evaluation and management services. CMS has opted not to extend these reimbursement services to CR/PR.

This is no small issue. We estimate that approximately 180,000 Medicare beneficiaries attend CR (of 700,000 eligible beneficiaries) and another 13,000 beneficiaries attend PR annually, resulting in a total of 3.3 million and 480,000 sessions, respectively. In addition, we estimate that there are around 2,685 CR and 1,758 PR programs nationally.

Research shows home-based rehabilitation is effective. In 2019, AACVPR, American Heart Association and the American College of Cardiology released a joint scientific statement stating that home-based cardiac rehabilitation may provide an alternative option for stable low to moderate risk patients who lack available center based options. Research shows the same is true for pulmonary rehabilitation patients. Access to remote pulmonary rehabilitative care is life-saving, and as shown in a manuscript by Chris Garvey, FNP, MSN, MPA, utilizing technology is an effective way to ensure everyone has access to care no matter their circumstances.

We also know CR/PR significantly improves the overall health of our patients, reduces hospital readmissions and decreases mortality. AACVPR supports home-based and other innovative delivery models as an adjunct to traditional, center-based rehabilitation but the current crisis challenges us to think differently about engaging patients while at home. As our hospital systems are strained under the weight of COVID-19—and as the virus puts our patients at higher risk of adverse outcomes—telemedicine and home-based care is more important than ever.

AACVPR will continue to be a resource for you and your patients, and we will keep working on your behalf. Program directors can expect to receive a survey in the coming days to help us understand the short- and long-term effects of the pandemic on programs across the country. AACVPR is also currently developing guidance to help programs determine when and how to safely resume and/or ramp up center-based CR/PR services. In the meantime, we encourage you to visit our COVID-19 resource page for information on what you can be doing now to help your patients. This is not a time to be inactive. Our patients need us to be engaged.

Stay well, and take care of one another.

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April 10, 2020

### Telehealth is Essential for CR/PR Care – and We are Asking CMS to Act Now

In light of the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) expanded telehealth reimbursement for beneficiaries to receive a range of healthcare services remotely. As part of this expansion, cardiac and pulmonary rehabilitation (CR/PR) services were not included.

The COVID-19 pandemic has had a huge impact on cardiac and pulmonary rehabilitation professionals and patients. Social distancing has forced many clinics to suspend their programs, all the while our patients are some of the most at-risk to adverse outcomes of the virus.

As you all well know, rehabilitation care only works when done consistently. Patients who do not engage in CR/PR for extended periods of time are likely to stop rehabilitation all together. This is especially important to note, because as COVID-19 continues to spread, it severely affects those with compromised cardiovascular and pulmonary health. Stopping this type of care right now could be detrimental in both the short- and long-term.

If we want our patients to continue their CR/PR journey, we need to ensure this type of care is available during the pandemic. Telemedicine offers us a way to do that.

It's why AACVPR—along with several partner organizations—have issued letters to CMS urging them to consider adding CR/PR reimbursements for telemedicine. We know the value of CR/PR care, and we know stopping this treatment puts our patients in undue harm. In an effort to support our members—and CR/PR professionals and patients everywhere—AACVPR is dedicated in bringing this issue to the forefront.

We would like to extend a huge thank you to our partners in this effort: our AACVPR staff team, and our colleagues at the American Heart Association, the American College of Cardiology, the American Thoracic Society and the Pulmonary Fibrosis Foundation. All of these organizations are dedicated to advocating on behalf of patients, and we will continue to advocate for reimbursement until it is secured.

We are awaiting an answer from CMS, and we hope that decision will come soon. Until then, we encourage you to visit [our COVID-19 resource page](#) for information on what you can be doing now to help your patients, while we await a decision from CMS. This is not a time to be inactive. Our patients need us to be engaged.

This is a stressful, unprecedented time. We want all our members to know we are here for you and will continue to give relevant and timely information as we receive it. Together, we will push the field forward and broaden access for our patients.

Until then, please have hope and stay positive. We're all in this together.

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