

Friday, March 09, 2012

Response to J11 AB MAC Medical Review Audit Cardiac Rehabilitation Program Services Findings, Documentation Requirements, and Medicare Requirements

The recent posting by Palmetto regarding J11 audits of cardiac rehabilitation programs has come to the attention of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and we would like to address several important issues raised by this notice.

The AACVPR has worked very closely with CMS Central Office since the passage of P 110-275, focusing on Section 144 which authorizes coverage and payment for cardiac, intensive cardiac and pulmonary rehabilitation.

We take strong issue with some of your statements as they are contrary to the specific verbiage in the statute as well as CMS regulations, codified at CFR....

- *There must be documentation in the clinical record that validates there is 'Direct Physician Supervision' by a medical director actually involved with the patients CR program management... This documentation must demonstrate to the Medical Review auditor that a physician is immediately available for emergency services...."*

Comment: We point to two specific statements in the legislation and CMS requirements that are directly related to your directive:

Section 1861 (eee)(2)(B) of the statute states, "a physician is immediately available and accessible for medical consultation and medical emergencies at all times items and services are being furnished under the program, **except that, in the case of items and services furnished under such a program in a hospital, such availability shall be presumed;**" (emphasis added).

While we do not question your responsibilities to ensure that a physician is immediately available, you are also obligated to adhere to a statutory statement that such supervision is presumed to be met when provided in a hospital. We recognize that off campus programs fall into the gray area of interpretation on this matter.

Secondly, there is no reference in the current CMS regulations that physician supervision be provided by a "medical director." Your posting hints at that further in the same paragraph, but the first statement we have cited is notably inconsistent with Federal requirements and not consistent with your statement further in the same paragraph. Importantly, we believe it is critical to emphasize that the supervising physician and the medical director MAY BE the same physician, or these two roles can be filled by different physicians. Again, the statute is explicit in stating that programs must have a physician immediately available EXCEPT that such availability is presumed when provided in a hospital. A denial based solely on a hospital based program's lack of documentation regarding physician supervision is contrary to the provision in statute noted above.

Sincerely,



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