July 6, 2018

Part A Policy

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To Whom It May Concern:

We thank you for the opportunity to comment on the Proposed/Draft LCD: Supervised Exercise Therapy for the Treatment of Peripheral Arterial Disease with Symptomatic Lower Extremity Intermittent Claudication (LD37774). We are commenting on behalf of the North Carolina Cardiopulmonary Rehabilitation Association (NCCRA) which represents over 70 cardiopulmonary rehab programs across North Carolina.

We are requesting clarification on two points of the LCD:

* **Frequency of treatment sessions**: The LCD draft states “Class I level of evidence A recommendations by the ACC/AHA are that SET be given at least 3 times per week to achieve maximal effectiveness (Hirsch 2006). As such SET sessions should generally be at least 3 times per week unless there is compelling rational for different schedules.”

 We would suggest the following statement: SET sessions are *recommended* to be at least 3 days per week unless there is compelling rational for different schedules.

The word “recommended” will justify all the outcomes that have been published that relate to three days per week but also consider barriers such as distance to travel for rehab, copayment cost, etc. which causes a hard ship and will not accommodate all patients.

* **Physician signature/Daily documentation:** The draft LCD states that “every page of the record must be legible and include appropriate patient identification information (complete name, dates of service). The documentation must include the legible signature of the physician

or non-physician practitioner responsible for and providing the care of the patient.”

We propose that daily documentation for each date of service needs to be legible and

should contain patient identification information (complete name, dates of service) as well as the name of the supervising physician.

The originally proposed statement in the LCD seems to be misplaced, the physician response is only needed on the plan of care and not needed on every page of the medical record.

Again, we appreciate the ability to comment on this Proposed LCD for Supervised Exercise Therapy for the Treatment of PAD. Thank you for your consideration of the above.

Sincerely,

Betsy Young, ACSM CES

President, North Carolina Cardiopulmonary Rehabilitation Association