Clinical Exercise Physiology: Updates in the Profession

Laura A. Richardson, PhD, ACSM-CEP, FACSM, FCEPA
Registered Clinical Exercise Physiologist
Clinical Associate Professor

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Disclosures

- **No relevant disclosures to report.**
- **Presentation developed using evidence-informed publications. All references included throughout presentation**
  - *Considering becoming a member of CEPA for access to the Journal of Clinical Exercise Physiology and other benefits*

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Learning Objectives

1. **Discuss advancement on efforts to professionalize Clinical Exercise Physiology**
   a. **Discuss updates on Qualified Healthcare Profession status QHP**
   b. **Academic preparation and accreditation process for preparing CEP**
1. **Implement action items to help support efforts to recognize CEPs**
   a. **Benefits of obtaining National Provider Identification**
   b. **Streamlining job titles to secure structure and compensation**
   c. **Identifying CEP practice patterns**
1. **Review current updates on reimbursement trends for physical activity**
   a. **Outline important variables in the Carr et al (2024) Billing for Exercise Is Medicine**
   b. **Explore billing practices and billing codes used for physical activity**
   c. **Efforts in Exercise Oncology and Diabetes Support programs within CR program**

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Professionalization & Advocacy

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BACKGROUND

- Clinical exercise physiologists (CEPs) are the only allied health professionals academically prepared to evaluate acute and chronic response to exercise in apparently health individuals and those with chronic disease, and to implement behavior change techniques to promote adherence to health lifestyles
- However, utilization of CEPs varies widely between programs. And anecdotal evidence suggests uncertainty in the knowledge and skills of CEPs and the responsibilities they should be granted

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PROBLEM

1. ~ 29% of the United States' Medicare beneficiaries with heart disease who were eligible for CR participated in 1 or more sessions of CR
   Million Hearts Cardiac Rehabilitation Collaborative is working to achieve the goal of increasing enrollment to 70%
2. Improving CR participation rates will require increases in the current workforce capacity of CR programs with appropriately trained staff
   However, given the critical healthcare staffing shortage, **the workforce poses a unique challenge to adequately staff clinics to improve access to CR**, especially in historically marginalized rural and urban communities

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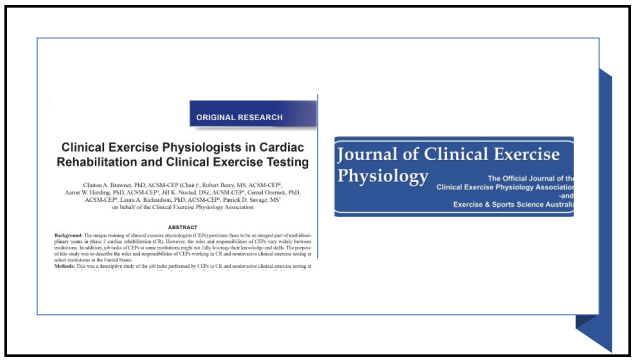
ORIGINAL RESEARCH
Clinical Exercise Physiologists in Cardiac Rehabilitation and Clinical Exercise Testing
Journal of Clinical Exercise Physiology
The Official Journal of the Clinical Exercise Physiology Association and Exercise & Sports Science Australia
ABSTRACT

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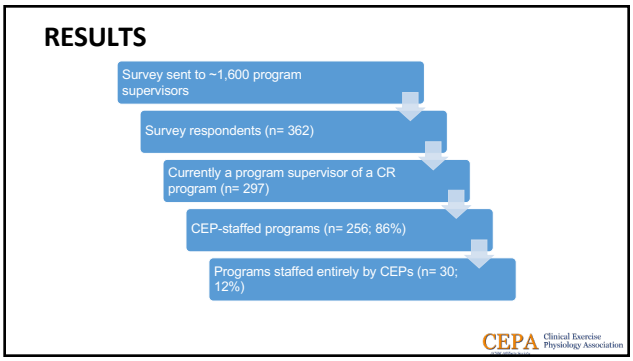
RESULTS
Survey sent to ~1,600 program supervisors
Survey respondents (n= 362)
Currently a program supervisor of a CR program (n= 297)
CEP-staffed programs (n= 256; 86%)
Programs staffed entirely by CEPs (n= 30; 12%)
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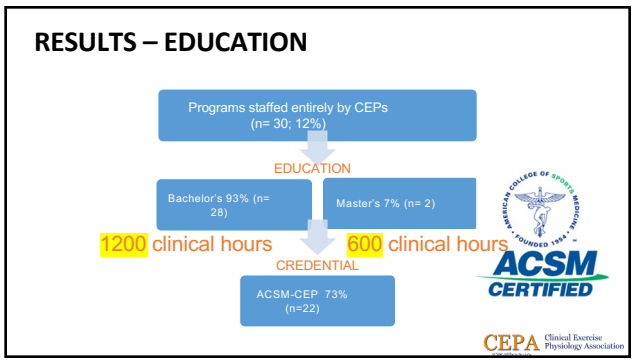
RESULTS – EDUCATION
Programs staffed entirely by CEPs (n= 30; 12%)
EDUCATION
Bachelor's 93% (n= 28)
Master's 7% (n= 2)
1200 clinical hours
600 clinical hours
CREDENTIAL
ACSM-CEP 73% (n=22)
ACSM CERTIFIED
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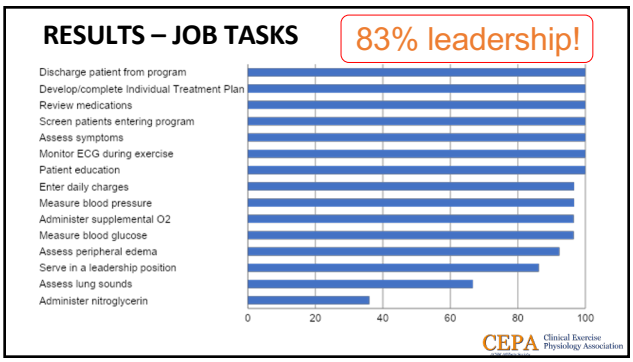
RESULTS – JOB TASKS
83% leadership!
Discharge patient from program
Develop/complete Individual Treatment Plan
Review medications
Screen patients entering program
Assess symptoms
Monitor ECG during exercise
Patient education
Enter daily charges
Measure blood pressure
Administer supplemental O2
Measure blood glucose
Assess peripheral edema
Serve in a leadership position
Assess lung sounds
Administer nitroglycerin
0
20
40
60
80
100
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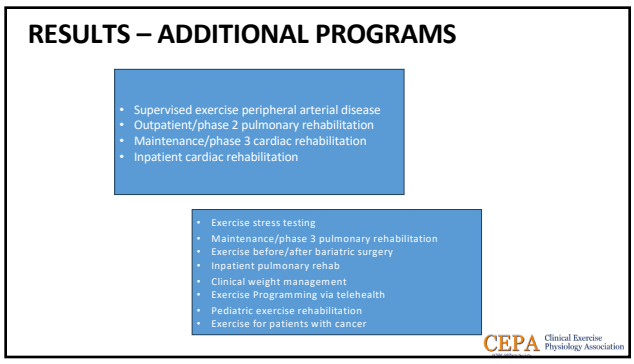
RESULTS – ADDITIONAL PROGRAMS
Supervised exercise peripheral arterial disease
Outpatient/phase 2 pulmonary rehabilitation
Maintenance/phase 3 cardiac rehabilitation
Inpatient cardiac rehabilitation
Exercise stress testing
Maintenance/phase 3 pulmonary rehabilitation
Exercise before/after bariatric surgery
Inpatient pulmonary rehab
Clinical weight management
Exercise Programming via telehealth
Pediatric exercise rehabilitation
Exercise for patients with cancer
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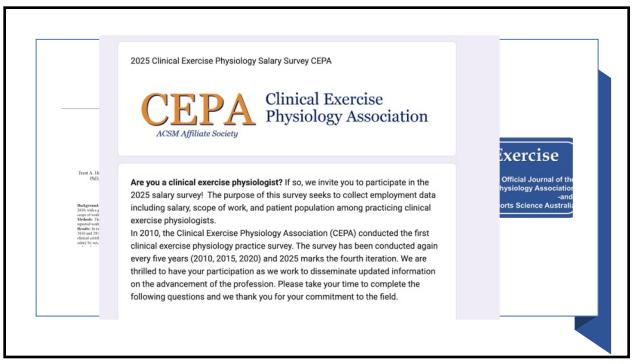
2025 Clinical Exercise Physiology Salary Survey CEPA
CEPA Clinical Exercise Physiology Association
ACSM Affiliate Society
Are you a clinical exercise physiologist? If so, we invite you to participate in the 2025 salary survey! The purpose of this survey seeks to collect employment data including salary, scope of work, and patient population among practicing clinical exercise physiologists.
In 2010, the Clinical Exercise Physiology Association (CEPA) conducted the first clinical exercise physiology practice survey. The survey has been conducted again every five years (2010, 2015, 2020) and 2025 marks the fourth iteration. We are thrilled to have your participation as we work to disseminate updated information on the advancement of the profession. Please take your time to complete the following questions and we thank you for your commitment to the field.

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Reimbursement Task Force

William E. Kraus, MD
Cardiologist Duke
Professor of Medicine

Goals are to…

- be recognized QHP
- able to deliver exercise and healthy lifestyle counseling and supervision to patients (according to their scope of practice)
- able to bill and be reimbursed for their services.

CEPA ACSM Affiliate Society

AMERICAN COLLEGE of SPORTS MEDICINE. LEADING THE WAY

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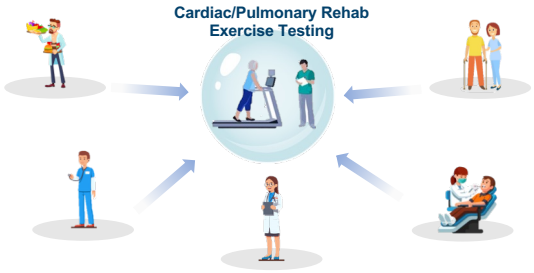
Challenges Within the Field of CEP



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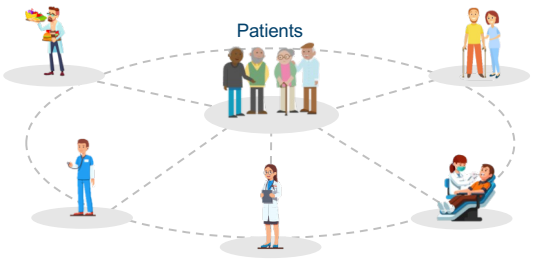
Lack of Recognition



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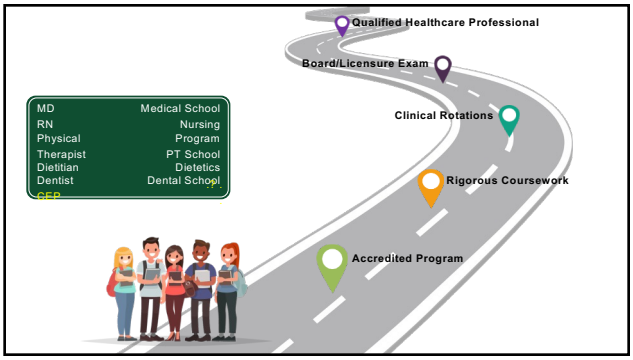

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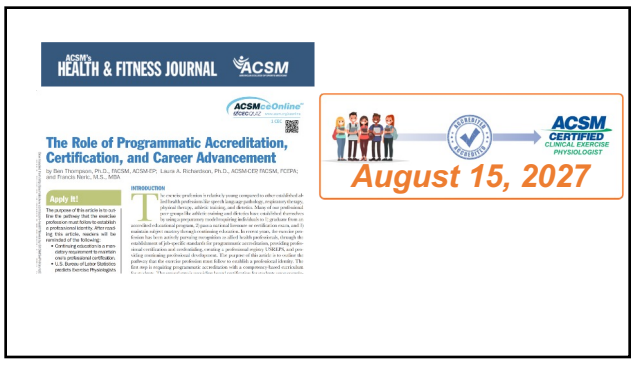

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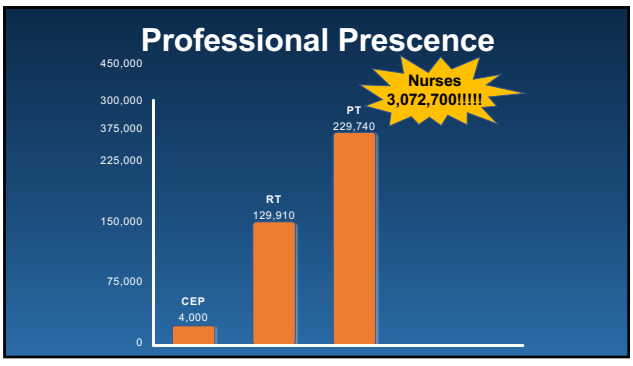

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What is Required?

PROGRAMMATIC ACCREDITATION | PROFESSIONAL CREDENTIAL | CONTINUING COMPETENCE | PROFESSIONAL REGISTRATION

CAAHEP | ACSM CERTIFIED CLINICAL EXERCISE PHYSIOLOGIST | CEPA ACSM Affiliate Society | USREPS US Registry of Exercise Professionals

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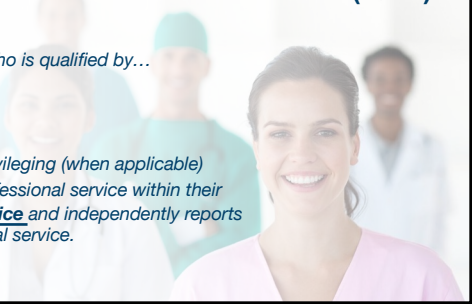
Qualified Healthcare Professional (QHP)

An individual who is qualified by…

- *Education*
- *Training*
- *Regulation*
- *Facility privileging (when applicable)*

*Performs a professional service within their **scope of practice** and independently reports that professional service.*



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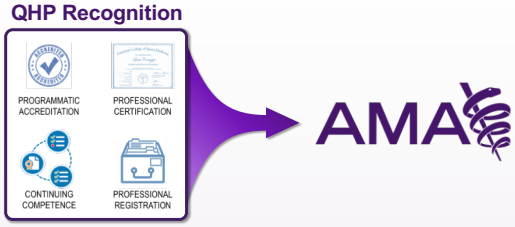
QHP Recognition



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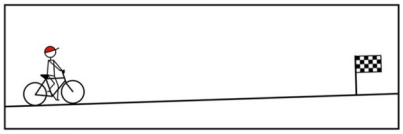
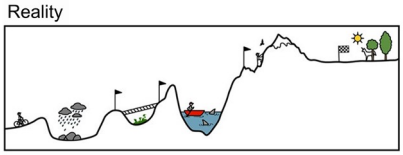
Professionalization Plan



Reality



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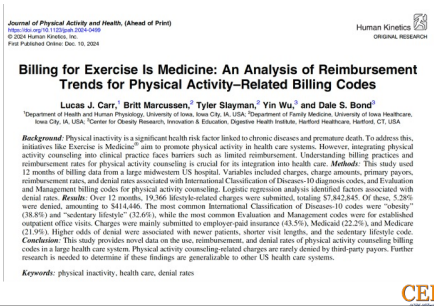
REIMBURSEMENT



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Human Kinetics
ORIGINAL RESEARCH

Billing for Exercise Is Medicine: An Analysis of Reimbursement Trends for Physical Activity–Related Billing Codes

Lucas J. Carr,[1] Britt Marcussen,[2] Tyler Slayman,[3] Yin Wu,[3] and Dale S. Bond[3]

[1]Department of Health and Human Physiology, University of Iowa, Iowa City, IA, USA. [2]Department of Family Medicine, University of Iowa Healthcare, Iowa City, IA, USA. [3]Center for Obesity Research, Innovation & Education, Digestive Health Institute, Hartford Healthcare, Hartford, CT, USA

Background: Physical inactivity is a significant health risk factor linked to chronic diseases and premature death. To address this, initiatives like Exercise is Medicine® aim to promote physical activity in health care systems. However, integrating physical activity counseling into clinical practice faces barriers such as limited reimbursement. Understanding billing practices and reimbursement rates for physical activity counseling is crucial for its integration into health care. ***Methods:*** This study used 12 months of billing data from a large midwestern US hospital. Variables included charges, charge amounts, primary payors, reimbursement rates, and denial rates associated with International Classification of Diseases-10 diagnosis codes, and Evaluation and Management billing codes for physical activity counseling. Logistic regression analysis identified factors associated with denial rates. ***Results:*** Over 12 months, 19,366 lifestyle-related charges were submitted, totaling $7,842,845. Of these, 5.28% were denied, amounting to $414,446. The most common International Classification of Diseases-10 codes were "obesity" (38.8%) and "sedentary lifestyle" (32.6%), while the most common Evaluation and Management codes were for established outpatient office visits. Charges were mainly submitted to employer-paid insurance (43.5%), Medicaid (22.2%), and Medicare (21.9%). Higher odds of denial were associated with newer patients, shorter visit lengths, and the sedentary lifestyle code. ***Conclusion:*** This study provides novel data on the use, reimbursement, and denial rates of physical activity counseling billing codes in a large health care system. Physical activity counseling-related charges are rarely denied by third-party payors. Further research is needed to determine if these findings are generalizable to other US health care systems.

Keywords: physical inactivity, health care, denial rates

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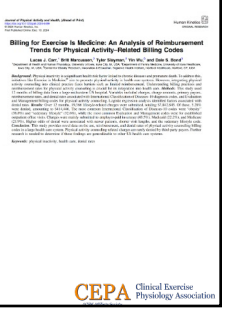
REIMBURSEMENT

- Barrier to PA counseling is reimbursement
- ICD-10 adn E/M codes PA counseling
- Use of - revenue generated - denial rates
- 12 months 1-large midwest hospital

- 19,366 lifestyle related charges
- $7,842.845 total charges
- 5.28% denied [$414,446]

- ICD-10 most common
- E66.9 Obesity
- Z91.89 Sedentary lifestyle
- R53.81 Physical Deconditioning
- R29.898 Muscular deconditioning
- Z71.89 Exercise Counseling

- E/M most common
- 99214 Established pt office visit 30-39 minutes
- 99215 Established pt office visit high intensity 40-54 minutes
- 99213 Established pt visit low intensity 20-29 minutes



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CEP Potential Growth in CR/PR

Diabetes Programming | Weight Management | Exercise Oncology | Bariatric Exercise

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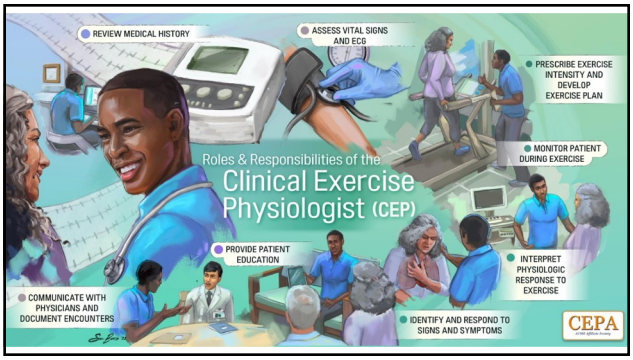

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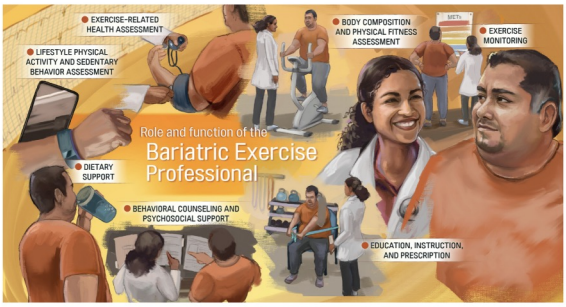

Fig. 2. Illustrated final model (Version B) for clinical use. Certain aspects of tasks may be outside the scope of training for some specific exercise professions, and patients with multiple comorbidities would be better served seeing a clinical exercise physiologist as opposed to a personal trainer.

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Thank you

Questions Thoughts?

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