CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12421	**Date: December 21, 2023**
	Change Request 13488

SUBJECT: January 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: This Change Request (CR) implements the change in the manual requirements of chapter 6, the Medicare Benefit Policy Manual 100-02, related to Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2024, Changes to Direct Supervision Requirements for Pulmonary, Cardiac and Intensive Cardiac Rehabilitation

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	6/Table of Contents
N	6/20.5.4/Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2024 – Changes to Direct Supervision Requirements for Pulmonary, Cardiac and Intensive Cardiac Rehabilitation

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-02	Transmittal: 12421	Date: December 21, 2023	Change Request: 13488

SUBJECT: January 2024 Update of the Hospital Outpatient Prospective Payment System (OPPS)

EFFECTIVE DATE: January 1, 2024
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IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: This Change Request (CR) implements the change in the manual requirements of chapter 6, the Medicare Benefit Policy Manual 100-02, related to Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2024, Changes to Direct Supervision Requirements for Pulmonary, Cardiac and Intensive Cardiac Rehabilitation.

B. Policy: 1. Direct Supervision of Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services

Prior to January 1, 2024, section 1861(eee) and (fff) of the Social Security Act required that the supervision of PR, CR and ICR services be provided by a physician. Effective January 1, 2024, section 1861 (eee) and (fff) were amended to allow the supervision of these services to also be provided by a physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS).

To implement the amendments to section 1861(eee) and (fff) of the Act, 42 CFR 410.27, which describes the conditions for coverage for therapeutic outpatient hospital or CAH services and supplies provided incident to a physician's or nonphysician practitioner's service was revised. Specifically, 42 CFR 410.27(a)(1)(iv)(B)(1) was revised to expand who may provide supervision for CR, ICR and PR services to include PAs, NPs, and CNSs.

It is important to note that the required *level* of supervision for PR, CR and ICR is not changing and remains the direct level of supervision as defined at 42 CFR 410.27(a)(1)(iv)(B)(1).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13488 - 02.1	Medicare contractors shall refer to Pub.100-02, the Medicare Benefit Policy Manual, chapter 6, section 20.5.4 for the latest revisions.	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13488 - 02.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X		X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0

Medicare Benefit Policy Manual
Chapter 6 - Hospital Services Covered Under Part B

Table of Contents
(Rev. 12421; Issued: 12-21-23)

Transmittals for Chapter 6

20.5.4 Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2024 – Changes to Direct Supervision Requirements for Pulmonary, Cardiac and Intensive Cardiac Rehabilitation

20.5.4 - Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2024 – Changes to Direct Supervision Requirements for Pulmonary, Cardiac and Intensive Cardiac Rehabilitation

(Rev. 12421; Issued: 12-21-23; Effective: 01-01-24: Implementation: 01-02-24)

Beginning January 1, 2024, the required direct supervision of pulmonary rehabilitation services, as specified at 42 CFR 410.47, and cardiac rehabilitation and intensive cardiac rehabilitation services, as specified at 42 CFR 410.49, may be furnished by a doctor of medicine, a doctor of osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist.