CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12497	**Date: February 8, 2024**
	Change Request 13513

SUBJECT: Pulmonary Rehabilitation, Cardiac Rehabilitation and Intensive Cardiac Rehabilitation (PR/CR/ICR) Expansion of Supervising Practitioners

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make contractors aware of policy updates for the Pulmonary Rehabilitation, Cardiac Rehabilitation, and Intensive Cardiac Rehabilitation (PR/CR/ICR) Expansion of Supervising Practitioners resulting from changes specified in the Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule (88 FR 78818), published in the Federal Register (FR) on November 16, 2023.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: March 12, 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	15/231/Pulmonary Rehabilitation (PR) Program Services Effective for Dates of Service On or After January 1, 2024
R	15/232/Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Effective for Dates of Service On or After January 1, 2024

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: 12497	Date: February 8, 2024	Change Request: 13513

SUBJECT: Pulmonary Rehabilitation, Cardiac Rehabilitation and Intensive Cardiac Rehabilitation (PR/CR/ICR) Expansion of Supervising Practitioners

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: March 12, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to make Medicare contractors aware of the conditions of coverage for Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) resulting from changes specified in the calendar year (CY) 2024 Medicare Physician Fee Schedule (MPFS) final rule (FR) published on November 16, 2023.

Section 144(a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) amended title XVIII to add new section 1861(eee) of the Social Security Act (the Act) to provide coverage of CR and ICR under Medicare Part B, as well as new section 1861(fff) of the Act to provide coverage of PR under Medicare Part B. The statute specified certain conditions for coverage of these services effective January 1, 2010. Conditions of coverage for PR, CR, and ICR consistent with the statutory provisions of section 144(a) of the MIPPA were codified in 42 Code of Federal Regulations (CFR) sections 410.47 and 410.49, respectively, through the CY 2010 MPFS FR with comment period (74 FR 61872-61886 and 62002-62003 (PR) 62004-62005 (CR/ICR)).

Section 51008 of the 2018 Bipartisan Budget Act (BBA) entitled "Allowing Physician Assistants, Nurse Practitioners, and Clinical Nurse Specialists to Supervise Cardiac, Intensive Cardiac and Pulmonary Rehabilitation Programs," amended sections 1861(eee) and (fff) of the Act, effective January 1, 2024. The amendment directed CMS to add to the types of practitioners who may supervise PR, CR, and ICR programs to also include a physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).

B. Policy: Updates to PR, CR, and ICR Conditions of Coverage:

In the CY 2024 PFS final rule November 16, 2023, CMS finalized additions and revisions to the PR and CR/ICR regulations to codify the statutory changes made in section 51008 of the BBA of 2018 to expand the types of practitioners that may supervise PR, CR and ICR. These additions and revisions include changes to the regulatory language in the definitions, settings, and supervising practitioner standards under §§ 410.47 and 410.49 and are effective January 1, 2024.

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	
13513 - 02.1	Contractors shall be aware of revisions to coverage for PR, CR and ICR for claims with dates of service on and after	X	X							

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	January 1, 2024. See Pub. 100-02, Benefit Policy Manual, chapter 15, sections 231 and 232.									
13513 - 02.2	Contractors shall not search claims but shall adjust claims brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13513 - 02.3	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):
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.

ATTACHMENTS: 0

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

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(Rev. 12497; Issued: 02-08-24)

Transmittals for Chapter 15

231- Pulmonary Rehabilitation (PR) Program Services *Effective For Dates of Service On Or After* January 1, 20*24*

232- Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services *Effective For Dates of Service On Or After* January 1, 20*24*

231 - Pulmonary Rehabilitation (PR) Program Services *Effective For Dates of Service On Or After* January 1, 20*24*

(Rev.12497; Issued: 02-08-24; Effective: 01-01-24; Implementation: 03-12-24)

Pulmonary rehabilitation (PR) means a physician *or nonphysician practitioner* supervised program for chronic obstructive pulmonary disease (COPD) and certain other chronic respiratory diseases designed to optimize physical and social performance and autonomy. *Nonphysician practitioner means a physician assistant, nurse practitioner, or clinical nurse specialist as those terms are defined in section 1861(aa)(5)(A) of the Social Security Act (the Act).*
Effective January 1, 2010, Medicare Part B pays for PR if specific criteria are met by the Medicare beneficiary, the PR program itself, the setting in which it is administered, and the physician administering the program, as outlined below.
Covered Conditions:
As specified in 42 CFR 410.47, Medicare Part B covers PR for beneficiaries:

- With moderate to very severe COPD (defined as GOLD classification II, III, and IV), when referred by the physician treating the chronic respiratory disease;
- Who have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks (effective January 1, 2022);
- Additional medical indications for coverage for PR program services may be established through a national coverage determination (NCD).

PR must include all of the following components:
Physician-prescribed exercise. Physician-prescribed exercise means aerobic exercise combined with other types of exercise (such as conditioning, breathing retraining, step, and strengthening) as determined to be appropriate for individual patients by a physician. Each PR session must include physician prescribed exercise.
Education or training. Education or training that is closely and clearly related to the individual's care and treatment which is tailored to the individual's needs and assists in achievement of goals toward independence in activities of daily living, adaptation to limitations and improved quality of life. Education must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling.
Psychosocial assessment. Psychosocial assessment means an evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation or respiratory condition which includes an assessment of those aspects of an individual's family and home situation that affects the individual's rehabilitation treatment, and psychosocial evaluation of the individual's response to and rate of progress under the treatment plan.
Outcomes assessment. Outcomes assessment means an evaluation of progress as it relates to the individual's rehabilitation which includes the following: (i) Evaluations, based on patient-centered outcomes, which must be measured by the physician or program staff at the beginning and end of the program. Evaluations measured by program staff must be considered by the physician in developing and/or reviewing individualized treatment plans. (ii) Objective clinical measures of exercise performance and self-reported measures of shortness of breath and behavior.
Individualized treatment plan. Individualized treatment plan means a written plan tailored to each individual patient that includes all of the following: (i) A description of the individual's diagnosis. (ii) The type, amount, frequency, and duration of the items and services furnished under the plan. (iii) The goals set for the individual under the plan. The individualized treatment plan detailing how components are utilized for each patient, must be established, reviewed, and signed by a physician every 30 days.
As specified at 42 CFR 410.47(e), the number of PR sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions over up to 36 weeks with the option for an additional 36 sessions over an extended period of time if approved by the Medicare Administrative Contractor (MAC).
PR Settings:

Medicare Part B pays for PR in a physician's office or a hospital outpatient setting. All settings must have the following: (i) A physician *or nonphysician practitioner* immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the program. This provision is satisfied if the physician *or nonphysician practitioner* meets the requirements for direct supervision for physician office services, at 42 CFR 410.26, and for hospital outpatient services at 42 CFR 410.27, and (ii) The necessary cardiopulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary (for example, oxygen, cardiopulmonary resuscitation equipment, and defibrillator) to treat chronic respiratory disease.
PR *Medical Director* Standards:
Medical director means the physician who oversees the PR program at a particular site. The medical director is the physician responsible for a PR program and, in consultation with staff, is involved in directing the progress of individuals in the program and must possess all of the following: (1) Expertise in the management of individuals with respiratory pathophysiology. (2) Cardiopulmonary training in basic life support or advanced cardiac life support. (3) Be licensed to practice medicine in the State in which the PR program is offered.
Supervising Practitioner Standards:
Supervising practitioner means a physician *or nonphysician practitioner* that is immediately available and accessible for medical consultations and medical emergencies at all times items and services are being furnished to individuals under PR programs. Physicians *or nonphysician practitioners* acting as the supervising practitioner must possess all of the following: (1) Expertise in the management of individuals with respiratory pathophysiology. (2) Cardiopulmonary training in basic life support or advanced cardiac life support.
(See Publication 100-04, Claims Processing Manual, chapter 32, section 140.4, for PR claims processing, coding, and billing requirements.)

232 - Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services *Effective For Dates of Service On Or After* January 1, 20*24*

(Rev.12497; Issued: 02-08-24; Effective: 01-01-24; Implementation: 03-12-24)

Cardiac rehabilitation (CR) means a physician *or nonphysician practitioner* supervised program that furnishes physician prescribed exercise; cardiac risk factor modification, including education, counseling, and behavioral intervention; psychosocial assessment; and outcomes assessment. Intensive cardiac rehabilitation (ICR) program means a physician *or nonphysician practitioner* supervised program that furnishes CR and has shown, in peer-reviewed published research, that it improves patients' cardiovascular disease through specific outcome measurements described in 42 CFR 410.49(c*). Nonphysician practitioner means a physician assistant, nurse practitioner, or clinical nurse specialist as those terms are defined in section 1861(aa)(5)(A) of the Social Security Act (the Act).*

Effective January 1, 2010, Medicare Part B pays for CR/ICR if specific criteria are met by the Medicare beneficiary, the CR/ICR program itself, the setting in which it is administered, and the physician administering the program, as outlined below.

Covered Conditions:

As specified in 42 CFR 410.49, Medicare Part B covers CR and ICR for beneficiaries who have experienced one or more of the following:

- An acute myocardial infarction (MI) within the preceding 12 months;
- A coronary artery bypass surgery;
- Current stable angina pectoris;
- Heart valve repair or replacement;
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;
- A heart or heart-lung transplant.

- Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks, on or after February 18, 2014, for CR and on or after February 9, 2018, for ICR; or
- Other cardiac conditions as specified through a national coverage determination (NCD). The NCD process may also be used to specify non-coverage of a cardiac condition for ICR if coverage is not supported by clinical evidence.

CR and ICR must include all of the following components:

Physician-prescribed exercise. Physician-prescribed exercise means aerobic exercise combined with other types of exercise (such as strengthening and stretching) as determined to be appropriate for individual patients by a physician each day CR/ICR items and services are furnished.
Cardiac risk factor modification. Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the individual's needs.
Psychosocial assessment. Psychosocial assessment means an evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation which includes an assessment of those aspects of an individual's family and home situation that affects the individual's rehabilitation treatment, and psychosocial evaluation of the individual's response to and rate of progress under the treatment plan.
Outcomes assessment. Outcomes assessment means an evaluation of progress as it relates to the individual's rehabilitation which includes all of the following: (i) Evaluations, based on patient-centered outcomes, which must be measured by the physician or program staff at the beginning and end of the program. Evaluations measured by program staff must be considered by the physician in developing and/or reviewing individualized treatment plans. (ii) Objective clinical measures of exercise performance and self-reported measures of exertion and behavior.
Individualized treatment plan. Individualized treatment plan means a written plan tailored to each individual patient that includes all of the following: (i) A description of the individual's diagnosis. (ii) The type, amount, frequency, and duration of the items and services furnished under the plan. (iii) The goals set for the individual under the plan. The individualized treatment plan detailing how components are utilized for each patient, must be established, reviewed, and signed by a physician every 30 days.
As specified at 42 CFR 410.49(f)(1), the number of CR sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions over up to 36 weeks with the option for an additional 36 sessions over an extended period of time if approved by the Medicare Administrative Contractor (MAC).
As specified at 42 CFR 410.49(f)(2), ICR sessions are limited to 72 1-hour sessions (as defined in section 1848(b)(5) of the Act), up to 6 sessions per day, over a period of up to 18 weeks.
CR and ICR Settings:
Medicare Part B pays for CR and ICR in a physician's office or a hospital outpatient setting. All settings must have a physician *or nonphysician practitioner* immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the program. This provision is satisfied if the physician *or nonphysician practitioner* meets the requirements for direct supervision for physician office services, at 42 CFR 410.26, and for hospital outpatient services at 42 CFR 410.27.
Standards for an ICR Program:
To be approved as an ICR program, a program must demonstrate through peer-reviewed, published research that it has accomplished one or more of the following for its patients: (i) Positively affected the progression of coronary heart disease. (ii) Reduced the need for coronary bypass surgery. (iii) Reduced the need for percutaneous coronary interventions.
An ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in 5 or more of the following measures for patients from their levels before CR services to after CR services: (i) Low density lipoprotein. (ii) Triglycerides. (iii) Body mass index. (iv) Systolic blood pressure. (v) Diastolic blood pressure. (vi) The need for cholesterol, blood pressure, and diabetes medications.
A list of approved ICR programs, identified through the NCD process, will be listed in the Federal Register and is available on the CMS website at https://www.cms.gov/Medicare/Medicare-GeneralInformation/MedicareApprovedFacilitie/ICR. All prospective ICR sites must apply to enroll as an

ICR program site using the designated forms as specified at 42 CFR 424.510, and report specialty code 31 to be identified as an enrolled ICR supplier. For purposes of appealing an adverse determination concerning site approval, an ICR site is considered a supplier (or prospective supplier) as defined in 42 CFR 498.2.

CR and ICR *Medical Director* Standards:

Medical director means the physician who oversees the CR or ICR program at a particular site. The medical director is the physician responsible for a CR or ICR program and, in consultation with staff, is involved in directing the progress of individuals in the program and must possess all of the following: (1) Expertise in the management of individuals with cardiac pathophysiology. (2) Cardiopulmonary training in basic life support or advanced cardiac life support. (3) Be licensed to practice medicine in the State in which the CR or ICR program is offered.

Supervising Practitioner Standards:

Supervising *practitioner* means a physician *or nonphysician practitioner* that is immediately available and accessible for medical consultations and medical emergencies at all times items and services are being furnished to individuals under CR and ICR programs. Physicians *or nonphysician practitioners* acting as the supervising practitioner must possess all of the following: (1) Expertise in the management of individuals with cardiac pathophysiology. (2) Cardiopulmonary training in basic life support or advanced cardiac life support.

(See Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, section 20.10.1, Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, section 140, Pub. 100-08, Medicare Program Integrity Manual, Chapter 10, section 10.2.2.5, for CR and ICR claims processing, coding, and billing requirements.)