

2024 Hospital Outpatient Prospective Payment System Final Rule ARN Comment Comparison

ARN's Comment	Final Rule Provision
Supported CMS' proposal to allow cardiac rehabilitation (CR), intensive cardiac rehabilitation (ICR), and pulmonary rehabilitation (PR) services to be provided under the supervision of a physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS).	CMS finalized this proposal, consistent with Section 51008(a) and 51008(b) of the Bipartisan Budget Act of 2018.
Requested that CMS add cardiac rehabilitation and pulmonary rehabilitation services to the telehealth list on a permanent basis once Congress passes legislation giving them the authority.	CMS noted that without Congressional action, the agency will remove cardiac rehab and pulmonary rehab services from the telehealth list in CY 2025.

2024 Medicare Physician Fee Schedule Final Rule ARN Comment Comparison

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<p>Supported CMS' proposal to make payment for caregiver training services (CTS) by establishing payment for CPT codes 96202 (Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes) and 96203 (each additional 15 minutes).</p>	<p>CMS finalized new coding and payment for caregiver training services. Health care providers will now be eligible to receive payment for engaging with caregivers to facilitate the patient's functional performance in the home or community.</p>
<p>Recognized that only qualified health care professionals, such as advanced practice nurses (nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives), can bill for CTS. Recommended that the agency work with Congress to grant RNs the ability to bill Medicare for their services in order to optimize healthcare delivery and improve patient access to quality care.</p>	<p>CMS appreciates this comment and all information and considerations included in these comments will inform any policy development for CTS in future rulemaking.</p>
<p>Supported CMS' intent to finalize separate coding and payment for several new services to advance health equity, including community health integration, principal illness navigation, and social determinants of health (SDOH) risk assessment. Urged CMS to ensure the documentation process reflects the necessary information needed in assessing SDOH to not create more workflow burden for an already stressed healthcare system.</p>	<p>CMS finalized coverage and payment for these new services. Regarding documentation, CMS finalized frequency parameters for the new HCPCS code for SDOH risk assessment. The code may be billed once every six months per patient, per provider.</p>
<p>Supported CMS' proposal to allow cardiac rehabilitation (CR), intensive cardiac rehabilitation (ICR), and pulmonary rehabilitation (PR) services to be provided under the supervision of a physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS).</p>	<p>CMS finalized this proposal, consistent with Section 51008(a) and 51008(b) of the Bipartisan Budget Act of 2018.</p>
<p>Requested that CMS add cardiac rehabilitation and pulmonary rehabilitation services to the telehealth list on a permanent basis once Congress passes legislation giving them the authority.</p>	<p>CMS noted that without Congressional action, the agency will remove cardiac rehab and pulmonary rehab services from the telehealth list in CY 2025.</p>