How do I maintain compliance with ITPs and 30-day direct patient contact requirements?

CMS is implementing "additional extreme and uncontrollable circumstances policy exceptions and extensions" for various requirements in the face of this emergency. One example is the Quality Reporting Program where organizations will be held harmless for not submitting data during this period. Similarly, AACVPR is optimistic that a "patients over paperwork" philosophy will prevail among the regional MACs (Medicare Administrative Contractors) who oversee the claims submissions and processing, regulations, and payment for Medicare beneficiaries. Because this question is of the lowest urgency in the broader scheme of this crisis, AACVPR has not burdened the MACs with this question. Rather, leadership with program certification and regulatory input offers the following clinical, common-sense recommendations. Your institution is always able to reach out to your MAC for answers to any questions. We believe CMS and the MACs will demonstrate grace and flexibility once normalcy returns.

With the obvious necessary interruption in the delivery of CR and PR services, documentation that the program is on hold until program resumption for coronavirus should be noted on the ITP. Physician signature on this ITP would attest that the patient will resume when the program re-opens. Continuing to document and obtain an MD signature every 30 days while closed serves no clinical purpose. Continuing to document and obtain an MD signature every 30 days while closed serves no clinical purpose. The program has been closed for patient safety reasons, staff may be re-directed to acute needs services, and physicians will be taxed with critical patient demands. If/when a patient resumes his or her rehab course, a new ITP can provide an updated assessment and treatment plan going forward. Direct patient contact would obviously also be suspended until resumption of the program.

Closures will most likely exceed 30 days, leaving the ITP on hold until your program re-opens. The above procedure is a practical solution. However, if you prefer to do a final ITP, discharge the patient, and begin again from where you left off is up to you and to each institution.