ITP FAQs
Updated 4/21/2020

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

CMS Interim-Final COVID-19 Rule includes the following bullet in the blanket waivers and burden relief: Suspension of in process and future Medicare Fee-For-Service (FFS) medical reviews including pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate program, and post-payment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC) for the duration of the PHE.

AACVPR is hopeful that a “patients over paperwork” philosophy will prevail among the regional MACs (Medicare Administrative Contractors) who oversee cardiac and pulmonary rehabilitation claims submissions and processing, regulations, and payment for Medicare beneficiaries. Because this ITP procedural question is of low 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. You may want to consult your compliance department for guidance on documentation procedures through this time. Your institution is always able to reach out to your MAC for answers to any questions. With the 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. 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 refreshed 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.
- Programs that have continued to provide CR/PR continue to maintain 30-day ITPs.
- If your program prefers to continue maintaining a 30-day ITP through the program closure, that is your prerogative.

Regardless of how you document this time period, the date of onset and date treatment began (both needing to be reported on claims) should remain the same. If the CR program exceeds the 36-week window allowed for completion of the maximum 36 sessions, a modifier KX will be necessary to indicate continued medical necessity in your program’s estimation.