



An Omnibus CR Covering: (1) Removal of Two National Coverage Determination (NCDs), (2) Updates to the Medical Nutrition Therapy (MNT) Policy, and (3) Updates to the Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR) Conditions of Coverage

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Implementation Date: July 5, 2022

Provider Types Affected

This MLN Matters Article is for physicians, suppliers, and other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

In this Article, you'll learn about:

- Removal of 2 NCDs (NCD 180.2 and NCD 220.6)
- Updates to the Medical Nutritional Therapy (MNT) policy
- Updates to the conditions of coverage for Pulmonary Rehabilitation (PR), Cardiac Rehabilitation (CR), and Intensive Cardiac Rehabilitation (ICR)

Make sure your billing staff knows about these changes.

Background

PR, CR, & ICR Coverage

[Section 144 \(a\) of the Medicare Improvement for Patients and Providers Act \(MIPPA\)](#) established coverage provisions for PR, CR, and ICR programs. The statute specified certain conditions for coverage of these services and an effective date of January 1, 2010.

In 2014, CMS expanded coverage of CR through the NCD process with the [Cardiac](#)

[Rehabilitation Programs for Chronic Heart Failure NCD](#). In 2018, [Section 51004 of the Bipartisan Budget Act of 2018 \(BBA\)](#) expanded coverage of ICR to include Chronic Heart Failure.

CY 2022 Rulemaking Updates

PR, CR, & ICR

CMS finalized revisions to 42 CFR Sections [410.47](#) and [410.49](#) in the CY 2022 Medicare Physician Fee Schedule (MPFS) final rule (86 FR 65244 dated November 19, 2021). We did this to improve consistency and accuracy across the PR and CR and ICR conditions of coverage. These revisions included:

- Removal of the PR requirement for direct physician-patient contact
- Expansion of coverage of PR to patients who have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least 4 weeks.

NCD Removal

The [final rule](#) has a summary of the NCD removal process and explicitly removes the following 2 NCDs from the NCD Manual:

- NCD 180.2 Enteral/Parenteral Nutritional Therapy
- NCD 220.6 Positron Emission Tomography (PET) Scans

Effective for claims with dates of service on and after January 1, 2022, MACs have the authority and discretion (in the absence of an NCD) to decide if Medicare claims for these items or services are reasonable and necessary under [Section 1862 Social Security Act](#) consistent with the existing guidance for making such decisions.

MNT

Effective January 1, 2022, the regulations at [42 CFR 410.130](#) and [410.132](#) are consistent with the language of the statute. Medicare covers MNT services with a referral by a physician. Basic coverage of MNT for the first year a patient gets MNT with either a diagnosis of renal disease or diabetes is for 3 hours. Basic coverage in subsequent years for renal disease or diabetes is 2 hours. See the revised [Medicare Claims Processing Manual, Chapter 4, Section 300](#) for full details.

More Information

We issued CR 12613 to your MAC with 3 transmittals. The [first transmittal](#) updates the Medicare Claims Processing Manual. The [second transmittal](#) updates the NCD Manual. The [third transmittal](#) updates the Medicare Benefit Policy Manual.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
February 22, 2022	Initial article released.

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