

## §512.700

and signing an individualized treatment plan for CR and ICR services to be furnished under the direction of—

(1) A physician, as defined in section 1861(r)(1) of the Act; or

(2) A qualified nonphysician practitioner, as defined by CMS.

(c) *Other definitions and requirements.* All other definitions and requirements in §410.49 of this chapter related to a physician or supervising physician continue to apply.

### Subpart H—CR Incentive Payment Model for EPM and Medicare Fee-for-Service Participants

#### §512.700 Basis and scope.

(a) *Basis.* This subpart implements the cardiac rehabilitation (CR) and intensive cardiac rehabilitation (ICR) incentive payment model under section 1115A of the Act.

(b) *Scope.* This subpart sets forth the following:

(1) The participants in the CR incentive payment model.

(2) The CR/ICR services that count toward CR incentive payments.

(3) The methodology for determining CR incentive payments.

(4) Provisions for FFS-CR participants that are not EPM participants.

#### §512.703 CR incentive payment model participants.

(a) *Selection of CR MSAs.* The MSAs eligible for selection for AMI and CABG models were classified into one of seven groups based on their historic utilization of CR/ICR services. Within each group, EPM-CR and FFS-CR MSAs were randomly selected. The number of EPM-CRs selected within each group are distributed proportionately between the groups based on the assignment of the 98 EPM MSAs. The same number of FFS-MSAs were then drawn from each group.

(b) *Hospitals eligible for CR incentive payments.* (1) Hospitals that are AMI and CABG model participants located in the EPM-CR MSAs.

(2) *FFS-CR participants.* Hospitals located in the FFS-CR MSAs that would meet all requirements in §512.100(b) to be an AMI or CABG model participant if the hospital were located in an MSA selected for the AMI and CABG models.

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#### §512.705 CR/ICR services that count towards CR incentive payments.

(a) *Identification of CR/ICR services.* CR/ICR services are identified by the HCPCS codes for CR/ICR services included in the CMS change request that implements the National Coverage Determination in the CR performance year.

(b) *CR participant eligibility for CR incentive payment.* (1) For EPM-CR participants, CR/ICR services paid by Medicare under the OPPS or to any supplier reporting place of service code 11 on the PFS claim for AMI and CABG model beneficiaries during AMI and CABG model episodes result in eligibility for CR incentive payments.

(2) For FFS-CR participants, CR/ICR services paid by Medicare under the OPPS or to any supplier reporting place of service code 11 on the PFS claim for beneficiaries during AMI care periods and CABG care periods that would meet the requirements to be AMI and CABG model episodes in accordance with all provisions in subpart B if the FFS-CR participant were an EPM participant result in eligibility for CR incentive payments.

(c) *Overlap between AMI care periods and CABG care periods with AMI and CABG model episodes.* (1) An AMI care period or CABG care period does not begin if the beneficiary is in an AMI or CABG model episode when the AMI care period or CABG care period would otherwise begin.

(2) An AMI care period or CABG care period is canceled if at any time during the AMI care period or CABG care period the beneficiary initiates an AMI or CABG model episode.

(d) *CR incentive payment time period.* All AMI and CABG model episodes and AMI care periods and CABG care periods begin on or after July 1, 2017 and end on or before December 31, 2021.

#### §512.710 Determination of CR incentive payments.

(a) *General.* CMS provides a CR incentive payment for each CR performance year to each EPM-CR participant and FFS-CR participant based on CR/ICR services paid by Medicare under the OPPS or to any supplier reporting place of service code 11 on the PFS claim for beneficiaries in AMI and