

# Medicare Cardiac Rehab Requirements



When heart disease restricts life, programs like Diamond's Cardiopulmonary Rehabilitation, can provide a dramatic improvement in life quality and capability. To qualify for reimbursement, the physician-supervised Medicare cardiac rehabilitation (CR) program must incorporate physician prescribed exercise, cardiac risk factor modification, psychosocial assessment, outcomes assessment and an individualized treatment plan. CR sessions are limited to a maximum of two 1-hour sessions per day, for up to 36 sessions within a 36 week time frame. There is an option for an additional 36 sessions over an extended period of time if approved by the contractor. Further details of requirements are located in the Medicare Benefit Policy Manual and NCDs or any LCDs applicable to particular locations.

**Patient Requirements:** Medicare covers CR/ICR program services for beneficiaries who have experienced one or more of the following:

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypass surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Heart or heart-lung transplant
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks.

**CR Program Component Requirements:**

- Physician-prescribed exercise. Techniques include aerobic exercise combined with other types of exercise (i.e., strengthening, stretching) as determined to be appropriate for individual patients by a physician each day of treatment.
- Cardiac risk factor modification. Includes education, counseling, and behavioral intervention, tailored to individual needs.
- Psychosocial assessment. Evaluation of mental and emotional functioning as it relates to the individual's rehabilitation. Includes: (1) an assessment of those aspects of the individual's family and home situation that affects the individual's rehabilitation treatment, and, (2) a psychosocial evaluation of the individual's response to, and rate of progress under, the treatment plan.
- Outcomes assessment. Includes: (1) assessments from the commencement and conclusion of CR, based on patient-centered outcomes which must be measured by the physician immediately at the beginning and end of the program, and, (2) objective clinical measures of the effectiveness of the CR program for the individual patient, including exercise performance and self-reported measures of exertion and behavior.
- Individualized treatment plan. Tailored to each individual patient. Includes: (1) a description of the individual's diagnosis; (2) the type, amount, frequency, and duration of the CR items/services furnished; and (3) the goals set for the individual under the plan. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.

**CR Program Setting Requirements:**

Services must be furnished in a physician's office or a hospital outpatient setting. All settings require direct physician supervision which means the program must have a physician immediately available and accessible for medical consultations and emergencies at all times that the program is in operation.

**CR Program Physician Requirements:**

Physicians responsible for CR programs are identified as medical directors who oversee or supervise the CR program. The medical director, in consultation with staff, is involved in directing the progress of individuals in the program. The medical director and physicians acting as the supervising physician, must possess all of the following: (1) expertise in the management of individuals with cardiac pathophysiology, (2) cardiopulmonary training in basic life support or advanced cardiac life support, and (3) licensed to practice medicine in the state in which the CR program is offered. Direct physician supervision may be provided by a supervising physician or the medical director.

Helpful References:

- Medicare Claims Processing Manual
- MLN Matters: Cardiac Rehabilitation and Intensive Cardiac Rehabilitation
- Transmittal 126 Cardiac Rehabilitation and Intensive Cardiac Rehabilitation