



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1401	
Subject:	Cardiac Rehabilitation Program	
Section:	Care Management	
Effective Date:	03/01/2006	
Revision Date(s):	10/06, 11/07, 09/08, 09/09, 09/10, 11/11, 12/12, 10/13, 10/14, 10/15, 10/16	
Review Date(s):		
Responsible Parties:	Patryce Toye, MD	
Responsible Department(s):	Utilization Management	
Regulatory References:	MD Delmarva 2016: 7.2 NCQA 2016: UM 2C See end of policy	
Approved:		
	Carol Attia, RN AVP, Care Management	Patryce A. Toye, MD Senior Medical Director

Purpose: To define the conditions under which MedStar Family Choice utilization staff may authorize medically supervised cardiac rehabilitation programs.

Scope: MedStar Family Choice, MD; MedStar Family Choice, District of Columbia Healthy Families and Alliance.

Policy: It is the policy of MFC to authorize medically supervised cardiac rehabilitation programs by nurse utilization management staff as outlined in the criteria below. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Physician Advisor for a Medical Exception.

Procedure:

1. Nurse utilization management staff may authorize medically supervised cardiac rehabilitation programs if all the following criteria are met:
 - a. The request is for services with an in-network provider
 - b. The request is signed by a Cardiologist who has evaluated the member within the past 90 days. Request may also be signed by a PCP if there is evidence that a

Cardiologist has evaluated the member within the prior 90 days and made the recommendation for cardiac rehabilitation.

- c. Clinical is provided and documents the presence of one (1) of the following conditions within the past 12 (twelve) months:
- i. Acute myocardial infarction
 - ii. Coronary artery bypass surgery
 - iii. Percutaneous coronary vessel intervention such as angioplasty, atherectomy and/or stenting
 - iv. Valve replacement or repair
 - v. Heart transplantation or heart-lung transplant
 - vi. Diagnosis of inoperable or difficult to manage coronary artery disease with symptoms of angina pectoris, which prevents the member from functioning adequately to meet domestic or occupational needs (particularly with modifiable coronary risk factors or poor exercise tolerance)
 - vii. Placement of ventricular assist device
 - viii. Heart Failure (chronic, stable) 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 six weeks. Stable patients are defined as patients who have not had recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalizations or procedures.

References:

National Coverage Determination (NCD) for Cardiac Rehabilitation Programs

(20.10) <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=36&ncdver=1&NCAId=18&NcaName=Cardiac+Rehabilitation&IsPopup=y&bc=AAAAAAAAAQAAA%3D%3D&> Accessed 10/15/15

Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure

(CAG-00437N) <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=270> Accessed 10/15/15

Summary of Changes:	<p>10/16:</p> <ul style="list-style-type: none"> • Added Medicare references <p>10/15:</p> <ul style="list-style-type: none"> • No changes
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