



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1401	
Subject:	Cardiac Rehabilitation Program	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	03/01/2006	
Revision Effective Date(s):	07/18, 07/19, 07/20	
Historical 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, 07/17	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	Patryce Toye, MD	
Responsible Department(s):	Utilization Management	
Regulatory References:	Maryland EQRO Systems Performance Review: Standard 7.2 NCQA 2020: UM 2C	
Approved:	Theresa Bittle, RN AVP Clinical Operations	Patryce A. Toye, MD Chief Medical Officer

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

Scope: MedStar Family Choice

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 Medical Director 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 stable 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/nca-details.aspx?NCDId=36&ncdver=3&NCAId=241&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=25&Keyword=cardiac+rehab&KeywordLookUp=Doc&KeywordSearchType=And&kq=true&IsPopup=y&bc=AAAAAAAAACAAA&>

Accessed 05/20/2019

Code of Federal Regulations section 42 CFR410.49
https://gov.ecfr.io/cgi-bin/text-idx?SID=e6ad0b73a71e76dccf2e3dcf31358610&mc=true&node=se42.2.410_149&rgn=div8

Assessed 05/20/2019

National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)
<https://www.cms.gov/medicare-coverage-database/details/nca-details.aspx?NCDId=359&ncdver=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=25&Keyword=cardiac+rehabilitation&KeywordLookUp=Doc&KeywordSearchType=Exact&kq=true&bc=IAAAACAAAAAA&>. Accessed 05/20/2019

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 05/20/2019

<p>Summary of Changes:</p>	<p>07/20:</p> <ul style="list-style-type: none">• Updated Section from Care Management to Medical Non-Pharmacy Protocols.• Updated Regulatory References to reflect 2020 NCQA Standards. <p>07/19:</p> <ul style="list-style-type: none">• Updated NCQA Reference to reflect 2019 Standards.• Removed “Maryland” from scope.• Under “References” added Code of Federal Regulations section 42 CFR410.49. <p>07/18:</p> <ul style="list-style-type: none">• Removed references to DC health plans.• Updated references.• Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. <p>07/17:</p> <ul style="list-style-type: none">• Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toye’s title from Senior Medical Director to Chief Medical Officer.• Added MFC.• Changed Physician Advisor to Medical Director.• Added “stable” to angina pectoris under Section C (vi). <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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