

 MedStar Family Choice <small>DISTRICT OF COLUMBIA</small>		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	1401.DC	
Subject:	Cardiac Rehabilitation Program	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	04/21, 07/21, 07/22, 07/23, 07/24, 7/25	
Review Effective Date(s):		
Responsible Parties:	Medical Director	
Responsible Department(s):	Utilization Management	
Regulatory References:	Medicare NCD	
Approved:	Director, Clinical Operations	Senior Medical Director (Chief Medical Officer-DC)

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

Scope: MedStar Family Choice District of Columbia

Policy: It is the policy of MedStar Family Choice DC 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, and articles from the literature, 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 Enrollee within the past 90 days. Request may also be signed by a primary care physician (PCP) if there is evidence that a Cardiologist has evaluated the Enrollee within the prior 90 days and made the recommendation for cardiac rehabilitation.

- c. Clinical information is provided and documents the presence of one (1) of the following conditions :
- i. Acute myocardial infarction within the past 12 (twelve) months
 - 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 Enrollee 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.

Limitations:

Coverage of cardiac rehabilitation programs. (1) The number of cardiac rehabilitation program sessions are limited to a maximum of two 1-hour sessions per day for up to 36 sessions over up to 36 weeks with the option for an additional 36 sessions over an extended period of time.

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=AD%7cEd&PolicyType=Both&s=25&KeyWord=cardiac+rehab&KeyWordLookUp=Doc&KeyWordSearchType=And&kq=true&IsPopup=y&bc=AAAAAAAAACAAA&>

Accessed: 06/24/2024

Cardiac Rehabilitation: Medicare.gov

<https://www.medicare.gov/coverage/cardiac-rehabilitation>

Accessed: 06/24/2024

Code of Federal Regulations section 42 CFR410.49

https://gov.ecfr.io/cgi-bin/text-idx?SID=e6ad0b73a71e76dccb2e3dcf31358610&mc=true&node=se42.2.410_149&rgn=div8

Accessed: 06/24/2024

National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

<https://www.cms.gov/medicare-coverage-database/details/ncd-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=IAAAACAAAA&>

Accessed: 06/24/2024

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: 06/24/2024

<p>Summary of Changes:</p>	<p>07/25:</p> <ul style="list-style-type: none"> • Updated Director, Clinical Operations • updated reference links • Edited language in section 1c to match reference <p>07/24:</p> <ul style="list-style-type: none"> • Updated Responsible Parties to include only position titles and not names. <p>07/23:</p> <ul style="list-style-type: none"> • Reviewed and updated References. <p>07/22:</p> <ul style="list-style-type: none"> • Updated Responsible Parties to include only position titles and not names. • Updated Approved Parties from MFC-MD personnel to MEDSTAR FAMILY CHOICE DC personnel. • Updated Revision Effective Date formatting to be consistent with Policy 1208.DC; Policy & Procedure Administration. <p>07/21:</p> <ul style="list-style-type: none"> • Updated Regulatory References to reflect 2021 NCQA Standards. <p>04/21:</p> <ul style="list-style-type: none"> • Added limitations. <p>10/20:</p> <ul style="list-style-type: none"> • New Policy
-----------------------------------	--