



CARDIAC REHABILITATION

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This provider manual outlines policy and claims submission guidelines for claims submitted to the North Dakota Health Enterprise MMIS.

PROVIDERS

An outpatient hospital or a physician-directed clinic that has a Medicare approved cardiac rehabilitation program may provide cardiac rehabilitation services to North Dakota (ND) Medicaid members. A copy of the provider's Medicare notification of cardiac rehabilitation program approval must be provided to ND Medicaid's Provider Enrollment.

Services of non-physician personnel must be furnished under the direct on-site supervision of a physician.

DEFINITION

Cardiac rehabilitation is defined as a recovery program consisting primarily of monitored cardiac exercise or therapy with member instruction and diagnostic testing services. Typically, the member undergoes a comprehensive, base line assessment to evaluate coronary risk factors and exercise capacity. Cardiac rehabilitation staff must review the assessment to outline a medically necessary and realistic individual program with short and long-term goals. Designed to be an aftercare program, it is appropriate for members recovering from:

- Myocardial Infarction;
- Coronary artery bypass surgery;
- Coronary angioplasty with or without stent;
- Valve replacement/repair surgery;
- Heart and heart/lung transplant and/or have;
- Stable angina pectoris;
- Ventricular assistive device.

A physician must be immediately available for an emergency at all times when an exercise program is being conducted.

COVERED SERVICES

ND Medicaid will only cover for cardiac rehabilitation services that are provided by a Medicare-approved cardiac rehabilitation program. The program must meet all of the requirements mandated by Medicare. Services must be considered reasonable and necessary. ND Medicaid will cover up to 36 sessions consisting typically of three sessions per week in a single 12-week period.

At least one of the following services must be included in a cardiac rehabilitation session:

- A limited examination for physician follow-up to adjust medication or other treatment changes, when performed by a hospital employed physician;
- ECG rhythm strip with interpretation and physician's revision of exercise therapy, when performed by a hospital-employed physician;
- Exercise therapy with continuous ECG telemetric monitoring (excludes physical therapy and occupational therapy);
- Diagnostic and therapeutic services that are reasonable and necessary to perform cardiac rehabilitation services safely and effectively;
- One new member comprehensive evaluation, when performed by a hospital-employed physician and if the exam has not already been performed by the member's attending physician or if the exam performed by the attending physician is not acceptable to the program's director. The exam should include a history, physical, and preparation of initial exercise prescription. The medical record must document the need for a repeat examination.

The following services provided based on individualized medical needs, may be billed separately:

- Mental health services.
- Laboratory services that are not performed to monitor the member's cardiac condition and cardiac rehabilitation program progress.
- ECG stress tests – one is usually performed at the beginning of the program and after three months or at the completion of the program. Performance of these tests more frequently requires medical record documentation demonstrating medical necessity.
- Nutritional counseling by a Licensed Registered Dietician.
- Physician services;

- That are medically necessary to provide medical care for diagnoses or conditions that are not a part of cardiac rehabilitation;
- To interpret and report on ECG stress testing; and
- Consisting of services provided by physicians to evaluate complications of cardiac rehabilitation, other diagnoses and conditions.

NON-COVERED CARDIAC REHABILITATION SERVICES

- Services provided by an outpatient hospital or physician clinic without Medicare approval.
- Formal lectures and counseling on health education that are normally furnished by the attending physician following a member's acute cardiac episode. Examples include assistance with daily living habits and sexual activity.
- Physical therapy and occupational therapy when furnished in connection with a cardiac rehabilitation program unless there is also a diagnosis of a non-cardiac condition requiring such therapy.

PHYSICIAN PROFESSIONAL SERVICES

The following services are not separately payable when performed in conjunction with a cardiac rehabilitation program.

- A physician visit to monitor, read, or interpret ECG rhythm strips;
- A physician visit to adjust medication or the cardiac rehabilitation exercise prescription.

All separately billable physician professional services should be billed with the appropriate HCPCS code that describes the consultation, visit, or professional services involved with the interpretation of ECG stress testing.

BILLING GUIDELINES

Providers must bill for services using the North Dakota Web Portal using the electronic claims submission web pages or Electronic Data Exchange transaction. The claim must include a valid National Provider Identification number (NPI) and taxonomy code.