

AREA CARDIAC REHAB PROGRAMS BY COUNTY

Alamance – T,P,HF

Heart Track CRP
Burlington – (336) 538-8120 / FAX (336) 538-7529

Chatham – T,P,HF

Chatham Hospital CRP
Siler City – (919) 799-4650 / FAX (919) 799-4651

Durham

Duke Center for Living CRP – P, HF
Durham – (919) 660-6724/FAX (919) 668-1064

Durham Regional Hospital's Wellness Institute - P
Durham – (919) 470-8150 / FAX (919) 470-8156

Lee – T,P,HF

Central Carolina Hospital CRP
Sanford – (919) 774-2384 / FAX (919) 774-2397

Nash – P, HF

Nash Day Hospital CRP
Rocky Mount – (252) 962-3468 / FAX (252) 451-3485

Orange

UNC Hospitals CRP
UNC Wellness Center at Meadowmont
Chapel Hill – (919) 843-2158 / FAX (919) 843-2191

Person - T

Making Tracks CRP
Roxboro – (336) 503-5723 / FAX (336) 598-7221

Randolph – T,P,HF

Randolph Hospital CRP
Asheboro – (336) 633-7752 / FAX (336) 633-7750

Robeson – T,P,HF

Southeastern CRP
Lumberton – (910) 738-5403 / FAX (910) 671-1439

Wake

Rex CRP
Raleigh and Cary locations – (919) 784-3756 / FAX (919) 784-3442

WakeMed CRP

Raleigh – (919) 350-8602 / FAX (919) 350-2969

Duke Health Raleigh Hospital CRP – T,P

Universal Referral

University of North Carolina Hospitals
Chapel Hill, North Carolina 27712

Provider Referral for Cardiac Rehabilitation
MMIS# _____

Patient Name: _____ DOB: _____
 Medical Record # _____ Gender: M ___ F ___
 Address: _____
 City/County: _____

Home Phone: _____ Work Phone: _____

DIAGNOSIS / Please include ICD-9 code / PROCEDURE / Please include ICD-9 code*
 Myocardial Infarction _____ ICD-9 (410.01) _____ Date: _____
 Angina (I10) code (I10.00) _____ ICD-9 (410.02) _____ Date: _____
 Old MI (I12) _____ ICD-9 (410.03) _____ Date: _____
 Valve Disease _____ ICD-9 (410.04) _____ Date: _____
 Aortic Regurg (410.05) _____ ICD-9 (410.05) _____ Date: _____
 Aortic Stenosis (410.06) _____ ICD-9 (410.06) _____ Date: _____
 Mitral Valve Regurg (410.07) _____ ICD-9 (410.07) _____ Date: _____
 Mitral Valve Stenosis (410.08) _____ ICD-9 (410.08) _____ Date: _____
 Heart Valve replacement status _____ ICD-9 (410.09) _____ Date: _____
 Coronary Artery Disease (I25.00) _____ ICD-9 (410.09) _____ Date: _____
 Heart Transplant (I25.01) _____ ICD-9 (410.10) _____ Date: _____
 Other (procedure) _____ ICD-9 (410.11) _____ Date: _____

*The following patients, to receive cardiac rehab benefits, the referring physician must indicate the following:
 Documented ICD-9 MI within 12 months _____
 CABG _____
 ST/MI/MI/MI explicitly documented _____
 Heart valve replacement _____
 PCI in emergency setting _____
 Heart in emergency setting _____

UNC CLINIC FOR PREVENTIVE CARES _____ CLINIC (Medical) _____ CLINIC (Nursing) _____
 Provider Signature: _____ Date: _____

Print Name: _____
 Title: _____

UNC Hospitals Heart and Vascular Center of Meadowmont
300 Meadowmont Village Circle, Suite 513
Chapel Hill, NC 27517
818 888 2218
Contact for National Database: _____ Fax _____
 Home Phone: _____
 Medical Records Department: 919 888 2218 (Phone)

North Carolina Cardiac Rehabilitation Referral Network



Available to everyone – simple
download from the North Carolina
Cardiopulmonary Rehabilitation
Association web site:

<http://nccraonline.org/>

RATIONALE FOR A NORTH CAROLINA CARDIAC REHABILITATION REFERRAL NETWORK

The population and complexity of patients with known cardiovascular disease is growing

Growing evidence supports the high value of cardiac rehabilitation

- Improved outcomes
- Improved functional status
- Improved CVD risk factor control
- Improved Quality of life
- Reduced re-hospitalization rates
- Reduced recurrent CVD events
- Mortality
- Reduced CVD and all-cause mortality
- Benefits apply to all:
 - Younger, older, men, women, varied racial/ethnic groups
 - Following MI, PCI, CABG, Heart valve surgery, or Heart transplantation, or with stable angina
 - Excellent safety record
 - Patient-centered service delivery
 - Excellent cost-benefit ratio

2010 AACVPR/ACC/AHA Performance Measures Referral to Cardiac Rehabilitation

- Health care systems and providers who care for patients during and/or after CVD events are accountable for these performance measures:
- All hospitalized patients with a qualifying CVD event are referred to outpatient cardiac rehab prior to hospital discharge
- All outpatients with a qualifying diagnosis within the past year who have not already participated in cardiac rehab should be referred

CR therapies—effective and valued as they are—are vastly underutilized, resulting in a large gap in care for eligible patients

There is a growing expectation and urgency in the U.S. healthcare field to reduce gaps in effective care, such as with CR therapies, To address gaps in CR service delivery, new delivery methods are needed. New delivery methods for CR services will address the following:

- Improve the cardiovascular health of Americans with known cardiovascular disease
- Reduce mortality and morbidity from CVD in persons with CVD

Who should be referred to Cardiac Rehab?

Cardiac Rehab offers medically supervised exercise, nutrition counseling, stress management, smoking cessation, and patient education. Patients attend classes on MWF for 12 weeks (36 sessions). Each session lasts 90 minutes. The program is designed for patients who have had:

MI with or without PCI – post 12 months
CABG – post 12 months
PCI without MI
Valve repair/replacement
Pacemaker/ICD
CHF
Heart transplant
Stable angina*

**If symptoms of angina are stabilized with interventions or medications, explicit documentation of stable angina must support the diagnosis.*

Reimbursement

Diagnoses reimbursed by Medicare and most third party payors:

MI – post 12 months
PCI
CABG
Valve repair/replacement
Heart or heart/lung transplant
Stable angina*

Diagnoses not reimbursed by Medicare:

CHF
Pacemaker/ICD

