

Phases of Cardiac Rehabilitation



Phase I: Acute in-hospital phase of CR Phase II: is the initial outpatient phase of the program Phase III: CR programs that are self-directed or self-controlled/monitored exercise programs Phase IV: CR programs or maintenance therapy that may be safely carried out without medical supervision

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Phase II



Only Phase II CR programs meet the supervisory requirements of the benefit and are covered under Medicare

Covered	Services
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The following are the applicable HCPCS codes:

93797 - Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798 - Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session).

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Covered Services



Effective for claims with dates of service on or after January 1, 2010, contractors shall deny all claims with HCPCS 93797 and 93798 (both professional and institutional claims) that exceed 36 CR sessions when a KX modifier is not included on the claim line

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Covered Services



Medicare covers cardiac rehabilitation and intensive cardiac rehabilitation program services for beneficiaries who have experienced one or more of the following:

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- 1. An acute myocardial infarction within the preceding 12 months
- 2. A coronary bypass surgery
- 3. Current stable angina pectoris
- 4. Heart valve repair or replacement
- 5. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- 6. A heart or heart-lung transplant
- 7. Cardiac conditions as specified through a national coverage determination

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Covered Services



In the documentation provided, the reviewer expects to see clinical evidence the patient had one or more of the stated conditions within the stated time frame, if specified

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Example



The history, written and signed by the physician managing the case, might state the patient was hospitalized in September 2012 with an acute myocardial infarction

Components

Cardiac rehabilitation programs and intensive cardiac rehabilitation programs must include all of the following:

- Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished
- Cardiac risk factor modification, including education, counseling and behavioral intervention tailored to the patients' individual needs
- Psychosocial assessment
- Outcomes assessment
- An individualized treatment plan detailing how components are utilized for each patient

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Physician-Prescribed Exercise



This physical activity includes aerobic exercise combined with other types of exercise (i.e., strengthening, stretching) as determined to be appropriate for individual patients by a physician each day CR items/services are furnished

Documentation in the chart that the physician prescribed a specific exercise for each day

A note or order from the physician (signed and dated)

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Physician-Prescribed Exercise



Services provided in connection with a cardiac rehabilitation exercise program may be considered reasonable and necessary for up to 36 sessions. Patients generally receive 2 to 3 sessions per week for 12 to 18 weeks. The contractor has discretion to cover cardiac rehabilitation services beyond 18 weeks. Coverage must not exceed a total of 72 sessions for 36 weeks

Phy	/sician	-Pres	cribed	Exer	cise
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Hospitals and practitioners may report a maximum of two 1-hour sessions per day. In order to report one session of cardiac rehabilitation services in a day, the duration of treatment must be at least 31 minutes. Two sessions of cardiac rehabilitation services may only be reported in the same day if the duration of treatment is at least 91 minutes. In other words, the first session would account for 60 minutes and the second session would account for at least 31 minutes if two sessions are reported. If several shorter periods of cardiac rehabilitation services are furnished on a given day, the minutes of service during those periods must be added together for reporting in 1-hour session increments.

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Examples



A piece of paper saying, "Elliptical trainer 9:00, July 6, 2012" does not meet these requirements

An order saying, "Treadmill at 2 pm for 30 minutes five times per week for 4 weeks" would meet the requirement for that exercise

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Example 1



If the patient receives 20 minutes of cardiac rehabilitation services in the day, no cardiac rehabilitation session may be reported because less than 31 minutes of services were furnished.

Example 2



If a patient receives 20 minutes of cardiac rehabilitation services in the morning and 35 minutes of cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report 1 session of cardiac rehabilitation services under 1 unit of the appropriate CPT code for the total duration of 55 minutes of cardiac rehabilitation services on that day.

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Example 3

If the patient receives 70 minutes of cardiac rehabilitation services in the morning and 25 minutes of cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of cardiac rehabilitation services under the appropriate CPT code(s) because the total duration of cardiac rehabilitation services on that day of 95 minutes exceeds 90 minutes.

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Cardiac Risk Factor Modification



Tailored to the patient's individual needs

- Education
- Counseling
- Behavioral intervention

Cardiac Risk Factor Modification



The plan of care prescribed and signed by the physician should include:

- A comment that cardiac risk factor modification will be addressed
- Which risk factors are important to this particular patient (cholesterol lowering for example, or sedentary life-style, or tobacco use) and directing education Counseling and behavioral intervention

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Psychosocial Assessment



This assessment means an evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation

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Psychosocial Assessment



It should include:

- An assessment of those aspects of the individual's family and home situation that affect the individual's rehabilitation treatment
- A psychosocial evaluation of the individual's response to and rate of progress under the treatment plan

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These should include:

Minimally, assessments from the commencement and conclusion of CR based on patient-centered outcomes which must be measured by the physician immediately at the beginning and end of the program,

Objective clinical measures of the effectiveness of the CR/ICR program for the individual patient, including exercise performance and self-reported measures of exertion and behavior

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Individualized Treatment Plan

This plan should be written and tailored to each individual patient and include

- (i) a description of the individual's diagnosis
- (ii) the type, amount, frequency, and duration of the CR/ICR items/services furnished
- (iii) the goals set for the individual under the plan

The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days

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Progress Note

A progress note from the treating physician, done at the time of admission to the cardiac rehabilitation program should explain:

- The patient's clinical history
- · Reason for the prescription of cardiac rehabilitation
- A discussion of the individual patient's needs and how they would be met by an exercise program
- · A description of the exercise program
- A description of the risk factor modification program detailing which risk factors need to be modified for a particular patient—sedentary life style, tobacco use obesity, high cholesterol, etc.—and
- · Goal(s) for the psychosocial assessment

Setting



Medicare pays for cardiac rehabilitation and intensive cardiac rehabilitation in one of the following settings:

- A physician's office
- · A hospital outpatient setting

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Setting



All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the program

The facility has available for immediate use all the necessary cardiopulmonary emergency diagnostic and therapeutic life-saving equipment accepted by the medical community as medically necessary, e.g., oxygen, cardiopulmonary resuscitation equipment or defibrillator

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Direct Supervision



The Code of Federal Regulations (42 CFR § 410.27) provides a further discussion of the meaning of such Supervision:

"direct supervision" means that the physician or non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician or non-physician practitioner must be present in the room when the procedure is performed. For pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services, direct supervision must be furnished by a doctor of medicine or osteopathy, as specified in §§410.47 and 410.49, respectively

Physician I	Requirements
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A medical director is who oversees or supervises the CR program at a particular site

The medical director, in consultation with staff, is involved in directing the progress of individuals in the program

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Physician Requirements



This does not require that a physician be physically present in the exercise room itself but **must be immediately available and accessible** at all times in case of an emergency

Non-Physician practitioners may not serve in the supervisory role for Cardiac rehabilitation

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Cardiac Rehab Sessions Did Not Include the Required Services



This claim was fully denied because the following components of the cardiac rehabilitation program were not submitted in the medical record:

- Physician-prescribed exercise
- Cardiac risk factor modification
- Psychosocial assessment
- Outcomes assessment
- An individualized treatment plan



The claim was fully denied because the condition required for coverage of cardiac rehabilitation services was not submitted in the medical record

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Cardiac Rehab Not Warranted for Diagnosis



CMS Manual System, Pub 100-04, Chapter 32, Section 140.2 states "As specified at 42 CFR 410.49, Medicare covers cardiac rehabilitation items and services for patients who have experienced one or more of the following"

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypass surgery
 Current stable angina pectoris
 Heart valve repair or replacement

- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- · Heart or heart-lung transplant

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Physician Must Be Readily Available



The claim was denied because the requirement for cardiac rehabilitation services regarding "the program must be under the direct supervision of a physician" was not met

Provide documentation that the physician is present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure

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For services to be covered by the Medicare program, documentation that the services were rendered must be submitted with the medical records.

The provider or supplier must furnish sufficient documentation to the intermediary to determine whether the services were rendered, medical necessity is substantiated and payment is due

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Services Not Documented



Documentation that may be helpful to avoid future denials for this reason may include, but is not limited to, the following:

Documentation supporting the date the service/diagnostic test was rendered and the dates of service billed

Documentation submitted for every service/diagnostic test billed should include:

- Date the service/diagnostic test was rendered
- Evidence to support medical necessity of the service/diagnostic test rendered

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Thank you for attending!