Completion of Outpatient Service-Specific Complex Review of Cardiac Rehabilitation with Continuous ECG (HCPCS Code 93798) in North Carolina and South Carolina

The J11 Medical Review department has completed service-specific complex reviews on claims with outpatient cardiac rehabilitation with continuous ECG (HCPCS Code 93798) in North Carolina and South Carolina. (This is not to be confused with a similar review being performed on HCPCS Code 93797: outpatient cardiac rehabilitation without continuous ECG.)

**North Carolina Results**Of the 2,453 claims reviewed, 1,408 were either completely or partially denied. This resulted in a charge denial rate (CDR) of 48 percent. Although this CDR documents improvement since the original probe CDR of 82 percent, there are still significant dollars ($1,327,159.37) denied.

The top four denial reasons identified were:

|  |  |  |
| --- | --- | --- |
| **Percent of Total Denials** | **Denial Code** | **Denial Description** |
| 54% | 5D261/5H261 | Cardiac Rehab Sessions Did Not Include the Required Services |
| 15% | 5D241/5H241 | Cardiac Rehab Not Warranted for Diagnosis |
| 13% | 5D301/5H301 | Physician Must Be Readily Available |
| 10% | 5D169/5H169 | Services Not Documented |

**South Carolina Results**Claims were reviewed for the time period of July to September 2012. Of the 1,969 claims reviewed, 1,027 were either completely or partially denied. This resulted in a CDR of 51 percent. Although this CDR documents improvement since the original probe CDR of 98 percent, there are still significant dollars ($1,294,104.42) denied.

The top four denial reasons identified were:

|  |  |  |
| --- | --- | --- |
| **Percent of Total Denials** | **Denial Code** | **Denial Description** |
| 43% | 5D261/5H261 | Cardiac Rehab Sessions Did Not Include the Required Services |
| 21% | 5D169/5H169 | Services Not Documented |
| 19% | 5D301/5H301 | Physician Must Be Readily Available |
| 9% | 5D241/5H241 | Cardiac Rehab Not Warranted for Diagnosis |

**South Carolina Results (continued)**Claims were reviewed for the time period October to December 2012. Of the 1,948 claims reviewed, 1,002 were either completely or partially denied. This resulted in a CDR of 48 percent. Although this CDR documents improvement since the original probe CDR of 98 percent, there are still significant dollars ($1,216,357.72) denied.

The top four denial reasons identified were:

|  |  |  |
| --- | --- | --- |
| **Percent of Total Denials** | **Denial Code** | **Denial Description** |
| 42% | 5D261/5H261 | Cardiac Rehab Sessions Did Not Include the Required Services |
| 24% | 5D301/5H301 | Physician Must Be Readily Available |
| 18% | 5D169/5H169 | Services Not Documented |
| 11% | 5D241/5H241 | Cardiac Rehab Not Warranted for Diagnosis |

**The Next Steps**The targeted medical review for Outpatient Cardiac Rehab with Continuous ECG Monitoring (HCPCS Code 93798) has been discontinued by the Medical Review department. The claims will be processed through an automated edit, according to the recently-revised LCD. Questions regarding the targeted medical review completed by the Medical Review department can be directed to the J11 Part A Provider Contact Center (PCC) at 866-830-3455.

**Denial Reasons and Prevention** **Recommendations: 5D261/5H261 - 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

How to Avoid a Denial

* Submit the program component requirements when responding to the Additional Documentation Request (ADR)

For more information, refer to:

* Centers for Medicare & Medicaid Services (CMS) Internet-Only Manuals (IOM), [Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.2](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf) (PDF, 791 KB)
* CMS Medicare Learning Network (MLN) Matters article [MM6850 'Cardiac Rehabilitation and Intensive Cardiac Rehabilitation'](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6850.pdf) (PDF, 111 KB)
* Articles below can be located on the Palmetto GBA website ([www.PalmettoGBA.com/j11a](http://www.PalmettoGBA.com/j11a)) using the Search feature.
  + Completion of Outpatient Service Specific Review of Cardiac Rehabilitation with Continuous ECG (HCPCS Code 93798) in North Carolina
  + Completion of Outpatient Service Specific Review of Cardiac Rehabilitation with Continuous ECG (HCPCS Code 93798) in South Carolina
  + Are cardiac rehabilitation programs covered by Medicare

**5D301/5H301 - 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.

**How to Avoid a Denial**Provide documentation that the physician is present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure.

For more information, refer to:

* CMS IOM, Publication 100-03, [Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 20.10](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf) (PDF, 859 KB)
* CMS IOM, [Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.2](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf) (PDF, 791 KB)
* [Code of Federal Regulations, 42 CFR – Section 410.32 (b)(3)(ii)](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=42:2.0.1.2.10&idno=42#42:2.0.1.2.10.2.35.21)
* Articles below can be located on the Palmetto GBA website ([www.PalmettoGBA.com/j11a](http://www.PalmettoGBA.com/j11a)) using the Search feature
* CMS Medicare Learning Network (MLN) Matters article [MM6850 'Cardiac Rehabilitation and Intensive Cardiac Rehabilitation'](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6850.pdf) (PDF, 111 KB)
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**5D169/5H169 - Services Not Documented**

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.

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

For further education on the above Medicare coverage issue, references include, but are not limited to, the following: 42 (CFR) Code of Federal Regulations, Section 424.5.

**5D241/5H241 - Cardiac Rehab Not Warranted for Diagnosis**

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

CMS IOM, Manual System, Publication 100-04, Medicare Claims Processing Manual, 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; or
* Coronary artery bypass surgery; or
* Current stable angina pectoris; or
* Heart valve repair or replacement; or
* Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
* Heart or heart-lung transplant

**How to Avoid a Denial**

* Submit the information required for coverage when responding to the ADR

For more information, refer to:

* CMS IOM, Publication 100-03, [Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 1, Section 20.10](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part4.pdf) (PDF, 859 KB)
* CMS IOM, [Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.2](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf) (PDF, 791 KB)
* [Code of Federal Regulations, 42 CFR – Section 410.32 (b)(3)(ii)](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=42:2.0.1.2.10&idno=42#42:2.0.1.2.10.2.35.21)
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