

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



NEW product from the Medicare Learning Network® (MLN)

- **“Drug Diversion: Do You Know Where the Drugs Are Going?”** Web-based Training (WBT)

MLN Matters® Number: MM8758

Related Change Request (CR) #: CR 8758

Related CR Release Date: July 18, 2014

Effective Date: February 18, 2014

Related CR Transmittal #: R171NCD, R2989CP, R530PI, and R191BP

Implementation Date: August 18, 2014

Cardiac Rehabilitation Programs for Chronic Heart Failure

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs) for cardiac rehabilitation services for Medicare beneficiaries.

What You Need to Know



STOP – Impact to You

Effective for dates of service on and after February 18, 2014, Medicare covers cardiac rehabilitation services for beneficiaries with stable, chronic heart failure.



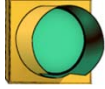
CAUTION – What You Need to Know

This article, based on Change Request (CR) 8758, informs you that, effective for dates of service on and after February 18, 2014, Medicare covers cardiac rehabilitation services for beneficiaries with stable, chronic heart failure, defined as patients with left ventricular

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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.



GO – What You Need to Do

Make sure your billing staffs are aware of these changes.

Background

On June 4, 2013, the Centers for Medicare & Medicaid Services (CMS) initiated a National Coverage Analysis (NCA) to expand Medicare coverage of cardiac rehabilitation for beneficiaries diagnosed with chronic heart failure.

Items and services furnished under a Cardiac Rehabilitation (CR) program may be covered under Medicare Part B per Section 1861(s)(2)(CC) and 1861(ee)(1) of the Social Security Act. Among other things, Medicare regulations define key terms, address the components of a Cardiac Rehabilitation program, establish the standards for physician supervision, and limit the maximum number of program sessions that may be furnished. These regulations may be viewed at 42 Code of Federal Regulations (CFR), Section 410.49, available at <http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A2.0.1.2.10> on the Internet.

CR services mean a physician-supervised program that furnishes physician prescribed exercise, cardiac risk factor modification, including education, counseling, and behavioral intervention; psychosocial assessment, outcomes assessment, and other items/services as determined by the Secretary under certain conditions.

The regulations describe the cardiac conditions that would enable a beneficiary to obtain CR services. Specifically, coverage is permitted for beneficiaries who have experienced one or more of the following:

- An acute myocardial infarction within the preceding 12 months;
- A coronary artery bypass surgery;
- Current stable angina pectoris;
- Heart valve repair or replacement;
- Percutaneous Transluminal Coronary Angioplasty (PTCA) or coronary stenting; or
- A heart or heart-lung transplant.

Effective for dates of service on or after February 18, 2014, this change request adds stable, chronic heart failure to the list of cardiac conditions above that would enable a beneficiary to obtain Cardiac Rehabilitation services.

CMS may add “other cardiac conditions as specified through a national coverage determination” (42 CFR Section 410.49(b)(vii)).

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Any cardiac indication not specifically identified in 42 CFR 410.49(b)(1)(vii) or identified as covered in any National Coverage Determination (NCD) is considered non-covered.

Also, note that MACs will not search for and adjust claims processed prior to the implementation of CR8758. However, your MAC will adjust such claims that you bring to their attention.

Additional Information

CR8758 consists of four transmittals, each of which relates to a Medicare manual. The transmittal related to the "National Coverage Determination Manual" is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R171NCD.pdf> on the CMS website. The transmittal related to the "Medicare Claims Processing Manual" is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2989CP.pdf>, the transmittal related to the "Medicare Program Integrity Manual" is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R530PI.pdf>, and the transmittal related to the "Medicare Benefit Policy Manual" is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R191BP.pdf> on the CMS website.

You may also want to review MLN Matters® Article MM6850, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/mm6850.pdf> for more information on cardiac rehabilitation services.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net-work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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