

# CMS Manual System

## Pub 100-03 Medicare National Coverage Determinations

Transmittal 52

Department of Health &  
Human Services (DHHS)

Centers for Medicare &  
Medicaid Services (CMS)

Date: APRIL 21, 2006

Change Request 4401

### **SUBJECT: Cardiac Rehabilitation Programs**

**I. SUMMARY OF CHANGES:** Effective for services performed on or after March 22, 2006, CMS is updating section 20.10, to include additional clinical indications for which cardiac rehabilitation services are covered. The NCD Manual now includes a comprehensive description of the services that must be provided as part of a comprehensive cardiac rehabilitation program, extends the window of time during which the services must be provided and restructures the language for clarity.

This revision is made under section 1862(a)(1) of the Social Security Act. NCDs are binding on all contractors, quality improvement organizations, health maintenance organizations, competitive medical plans, health care prepayment plans, the Medicare Appeals Council, and administrative law judges (see 42 CFR 405.1064, effective May 1, 2005). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an administrative law judge may not review an NCD. (See 1869(f)(1)(A)(i) of the Social Security Act.)

### **NEW/REVISED MATERIAL**

**EFFECTIVE DATE: March 22, 2006**

**IMPLEMENTATION DATE: June 21, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

### **II. CHANGES IN MANUAL INSTRUCTIONS:**

**R = REVISED, N = NEW, D = DELETED**

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	1/Table of Contents
<b>R</b>	1/20.10/Cardiac Rehabilitation Programs (Effective March 22, 2006)

**III. FUNDING:**

**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

**IV. ATTACHMENTS:**

Manual Instruction

*\*Unless otherwise specified, the effective date is the date of service.*

# **Medicare National Coverage Determinations Manual**

## **Chapter 1, Part 1 (Sections 10 – 80.12) Coverage Determinations**

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### **Table of Contents** *(Rev.52, 04-21-06)*

20.10 – Cardiac Rehabilitation Programs *(Effective March 22, 2006)*

## **20.10 - Cardiac Rehabilitation Programs** *(Effective March 22, 2006)*

*(Rev.52, Issued: 04-21-06, Effective: 03-22-06, Implementation: 06-21-06)*

CIM 35-25

### **A. General**

*Phase II cardiac rehabilitation, as described by the U.S. Public Health Service, is a comprehensive, long-term program including medical evaluation, prescribed exercise, cardiac risk factor modification, education, and counseling. Phase II refers to outpatient, medically supervised programs that are typically initiated 1-3 weeks after hospital discharge and provide appropriate electrocardiographic monitoring.*

### **B. Nationally Covered Indications**

*Effective for services performed on or after March 22, 2006, Medicare coverage of cardiac rehabilitation programs is considered reasonable and necessary only for patients who: (1) have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or (2) have had coronary bypass surgery; or (3) have stable angina pectoris; or (4) have had heart valve repair/replacement; or (5) have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or (6) have had a heart or heart-lung transplant.*

#### **1. Program Requirements**

##### **a. Duration**

*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. Coverage of additional sessions is discussed in section D below.*

##### **b. Components**

*Cardiac rehabilitation programs must be comprehensive and to be comprehensive they must include a medical evaluation, a program to modify cardiac risk factors (e.g., nutritional counseling), prescribed exercise, education, and counseling.*

##### **c. Facility**

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

##### **d. Staff**

*The program must be staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise*

*therapy for coronary disease. The program must be under the direct supervision of a physician, as defined in 42 CFR §410.26(a)(2) (defined through cross reference to 42 CFR §410.32(b)(3)(ii), or 42 CFR §410.27(f)).*

*C. Nationally Non-Covered Indications*

*Except as provided in section D., all other indications are not covered.*

*D. Other*

*The contractor has the discretion to cover cardiac rehabilitation services beyond 18 weeks. Coverage must not exceed a total of 72 sessions for 36 weeks.*

*(This NCD last reviewed March 2006.)*