

CARDIAC REHABILITATION

ND Medicaid covers cardiac rehabilitation services provided by a cardiac rehabilitation program approved by and enrolled with Medicare.

Services of non-physician personnel must be furnished under the direct on-site supervision of a physician.

DEFINITION

Cardiac rehabilitation is defined as a recovery program consisting primarily of monitored cardiac exercise or therapy with member instruction and diagnostic testing services. The member must undergo a comprehensive, base line assessment to evaluate coronary risk factors and exercise capacity. Cardiac rehabilitation staff must review the assessment to outline a medically necessary and realistic individual program with short and long-term goals. Designed to be an aftercare program, it is covered for members recovering from:

- Myocardial Infarction;
- Coronary artery bypass surgery;
- Coronary angioplasty with or without stent;
- Valve replacement/repair surgery;
- Heart and heart/lung transplant and/or have;
 - Stable angina pectoris; or
 - Ventricular assistive device.

A physician must be immediately available for an emergency at all times when an exercise program is being conducted.

COVERED SERVICES

ND Medicaid will only cover cardiac rehabilitation services that are provided by a Medicare-approved cardiac rehabilitation program. Services must be considered reasonable and necessary. ND Medicaid will cover up to 36 sessions consisting typically of three sessions per week in a single 12-week period.

At least one of the following services must be included in a cardiac rehabilitation session and are not separately payable:

- A new patient comprehensive evaluation. The exam should include a history, physical, and an initial exercise prescription. If the exam has already been performed by the member's primary care provider, the medical record must support the need for a repeat examination including documenting that the exam

rendered by the attending primary care provider is not acceptable to the cardiac rehab program director;

- A limited examination to adjust medication, treatment, or therapy;
- ECG rhythm strip with interpretation and revision of exercise therapy;
- Exercise therapy with continuous ECG telemetric monitoring (excludes physical therapy and occupational therapy); or
- Diagnostic and therapeutic services that are reasonable and necessary to perform cardiac rehabilitation services safely and effectively.

The following services, based on individualized medical needs, may be billed separately:

- Behavioral health services;
- Laboratory services that are not performed to monitor the member's cardiac condition and cardiac rehabilitation program progress;
- ECG stress tests – one is usually performed at the beginning of the program and after three months or at the completion of the program. Performance of these tests more frequently requires medical record documentation demonstrating medical necessity;
- Medical Nutritional Therapy (See Medical Nutrition Therapy policy);
- Other services provided by a physician, nurse practitioner, physician assistant or clinical nurse specialist:
 - To provide medical care for diagnoses or conditions that are not a part of cardiac rehabilitation;
 - To interpret and report on ECG stress testing; and
 - To evaluate complications of cardiac rehabilitation.

NONCOVERED SERVICES

Noncovered services include:

- Services provided absent Medicare approval of the cardiac rehab program.
- Formal lectures and counseling on health education that are normally furnished by the attending physician following a member's acute cardiac episode.
- Physical therapy and occupational therapy when furnished in connection with a cardiac rehabilitation program - unless there is also a non-cardiac diagnosis requiring such therapy.