



519.6 CARDIAC REHABILITATIVE SERVICES

TABLE OF CONTENTS

SECTION	PAGE NUMBER
Background	2
Policy	2
519.6.1 Frequency and Duration	3
519.6.2 Program Description for High Risk Members	3
519.6.3 Provider Enrollment	4
519.6.4 Prior Authorization	4
Glossary	4
Change Log	4

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.



519.6 CARDIAC REHABILITATIVE SERVICES

BACKGROUND

Cardiac rehabilitation is a comprehensive outpatient program of medical evaluation, prescribed exercise, cardiac risk factor modification, and education and counseling that is designed to restore members with heart disease to active, productive lives. The central component of cardiac rehabilitation is a prescribed regimen of physical exercises intended to improve functional work capacity and to improve the member's well-being.

POLICY

Cardiac rehabilitation programs are regulated exercise programs that are effective in the physiological and psychological rehabilitation of many members with cardiac conditions. The program consists of a series of supervised exercise sessions with continuous electrocardiograph monitoring. Cardiac rehabilitation can be performed in a specialized, freestanding physician-directed clinic or in an outpatient hospital department. Members who use tobacco must be referred to the tobacco cessation program. Additional information regarding the tobacco cessation program can be accessed through the [West Virginia Division of Tobacco Prevention](#) or the [West Virginia Tobacco QuitLine](#). Please see [Chapter 519 Practitioner Services, Policy 519.18 Tobacco Cessation Services](#).

The goals of cardiac rehabilitation are to:

- Increase exercise tolerance
- Reduce symptoms of chest pain and shortness of breath
- Improve blood cholesterol levels
- Improve psychosocial well-being
- Reduce mortality

These services are considered medically necessary for selected members when they are individually prescribed by a physician within a 24 week (six month) window after any of the following:

- Acute myocardial infarction
- Other acute and subacute forms of ischemic heart disease
- Old myocardial infarction
- Angina pectoris
- Other forms of chronic ischemic heart disease
- Other diseases of endocardium (e.g. valve disorders, mitral, aortic, tricuspid, pulmonary, endocarditis)
- Cardiac dysrhythmias
- Heart Failure
- Cardiomegaly
- Functional disturbances following cardiac surgery
- Complications of transplanted organ, heart
- Organ or tissue replaced by other means; heart
- Organ or tissue replaced by other means; heart valve
- Other post procedural states; unspecified cardiac device
- Other post procedural states; automatic implantable cardiac defibrillator
- Other post procedural states; percutaneous transluminal coronary angioplasty status

519.6 CARDIAC REHABILITATIVE SERVICES

- Personal history of other cardiorespiratory problems; exercise intolerance with pain: at rest, with less than ordinary activity, with ordinary activity.

519.6.1 FREQUENCY AND DURATION

The medically necessary frequency and duration of cardiac rehabilitation is determined by the member's level of cardiac risk stratification. High risk members who have any one of the following are eligible for cardiac rehabilitation:

- Exercise test limited to less than or equal to five metabolic equivalents (METS)
- Marked exercise-induced ischemia, as indicated by either angina pain or 2 mm or more ST depression by ECG
- Severely depressed left ventricular function (ejection fraction less than 30%)
- Resting complex ventricular arrhythmia
- Ventricular arrhythmia appearing or increasing with exercise or occurring in the recovery phase of stress testing
- Decrease in systolic blood pressure of 15 mm HG or more with exercise
- Recent myocardial infarction (less than six months) which was complicated by serious ventricular arrhythmia, cardiogenic shock or congestive heart failure
- Survivor of sudden cardiac arrest.

519.6.2 PROGRAM DESCRIPTION FOR HIGH RISK MEMBERS

The cardiac rehabilitation program is composed of:

- 36 sessions (e.g., 3x/week for 12 weeks) of supervised exercise. For members of the expansion population under the alternative benefits plan, service limits include rehabilitative and habilitative services combined. Please see [Chapter 400, Member Eligibility](#) for additional information.
- Educational program for risk factor/stress reduction
- Creation of an individual outpatient exercise program that can be self-monitored and maintained
- If no clinically significant arrhythmia is documented during the first three weeks of the program, the provider may have the member complete the remaining portion without telemetry monitoring.
- Following the initial evaluation, services provided in conjunction with a cardiac rehabilitation program may be considered reasonable for up to 36 sessions, usually three sessions per week, for a 12 week period. A routine cardiac rehabilitation session usually consists of an exercise training session lasting 20-60 minutes and at least one of the following services:
 - Continuous ECG/EKG monitoring during exercise
 - ECG/EKG rhythm strip with interpretation and physician's revision of the exercise program, or
 - Limited physician follow-up to adjust medication or other treatment(s) related to the program

Additional cardiac rehabilitation services may be medically necessary based on the above listed criteria when the member has any of the following conditions:

- Another documented myocardial infarction or extension of initial infarction, or
- Another cardiovascular surgery or angioplasty; or
- New evidence of ischemia on an exercise test, including thallium scan, or

519.6 CARDIAC REHABILITATIVE SERVICES

- New clinically significant coronary lesions documented by cardiac catheterization.

519.6.3 PROVIDER ENROLLMENT

In order to participate in the WV Medicaid Program and receive payment from BMS, providers must meet all enrollment criteria as described in [Chapter 300, Provider Participation Requirements](#). In addition, providers of cardiac rehabilitation services must include an enrolled cardiologist who has met the required board certification criteria.

519.6.4 PRIOR AUTHORIZATION

Prior Authorization from the BMS [Utilization Management Contractor](#) (UMC) is required for all cardiac rehabilitation services.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to [Chapter 100, General Administration and Information](#) for additional information.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Habilitative Services: Services provided to assist an individual in maintaining a level of functionality to avoid more intensive future care.

Rehabilitative Services: Services provided to assist an individual in returning to a level of functionality lost due to illness or accident.

REFERENCES

West Virginia State Plan references benefits for the adult expansion population under the alternative benefits plan, including cardiac rehabilitation at Attachment [3.1-L](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Cardiac Rehabilitative Services		January 15, 2016