



Update to Intensive Cardiac Rehabilitation (ICR) Programs

MLN Matters Number: MM11117

Related Change Request (CR) Number: 11117

Related CR Release Date: February 1, 2019

Effective Date: February 9, 2018

Related CR Transmittal Number: R4222CP

Implementation Date: March 19, 2019

PROVIDER TYPE AFFECTED

This article is intended for providers who bill Medicare Administrative Contractors (MACs) for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation (ICR) program services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

This article is based on Change Request (CR) 11117 which informs MACs about Section 51004 of the Bipartisan Budget Act (BBA) of 2018, Pub. L. No. 115-123 (2018), which amended Section 1861(eee)(4)(B) of the Social Security Act (the Act) to expand coverage of ICR to additional conditions that became effective February 9, 2018. Make sure that your billing staff is aware of these changes.

BACKGROUND

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, Pub. L. No. 110-275, Section 144 (2008) established coverage for cardiac rehabilitation programs and ICR programs under Part B. These provisions are primarily codified in section 1861(eee) of the (the Act). The Centers for Medicare & Medicaid Services (CMS) implemented the statutory provisions through rulemaking codified at 42 CFR 410.49 that were effective January 1, 2010.

Effective January 1, 2010, Medicare Part B covered ICR program services 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 or coronary stenting;
- A heart or heart-lung transplant.

Effective February 9, 2018, Section 51004 of the BBA of 2018, Pub. L. No. 115-123 (2018), amended Section 1861(eee)(4)(B) of the Act to expand coverage in an ICR to the following additional conditions:

- Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35 percent or less and New York Heart Association (NYHA) Class II to IV symptoms despite

being on optimal heart failure therapy for at least 6 weeks; or

- Any additional condition for which the Secretary has determined that a cardiac rehabilitation program will be covered, unless the Secretary determines, using the same process used to determine that the condition is covered for a cardiac rehabilitation program, that such coverage is not supported by the clinical evidence.

Expanded Coverage

CMS plans to amend the ICR regulations specified at [42 CFR 410.49](#) to reflect this expanded coverage. CMS anticipates that the changes will be included in the 2020 Medicare Physician Fee Schedule notice of proposed rulemaking. However, because the expanded coverage under the statutory change was effective upon enactment, expanded ICR coverage for these conditions will be made effective for services furnished on or after February 9, 2018. See Pub. 100-02, "[Medicare Benefit Policy Manual](#)", [Chapter 15](#), Section 232 and Pub 100-04, Chapter 32, Section 140.3.

Note: For claims with dates of service on or after February 9, 2018, but received before the implementation date of CR 11117, MACs will not search their files, but they will adjust claims brought to their attention.

ADDITIONAL INFORMATION

The official instruction, CR11117, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4222CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
February 6, 2019	Initial article released.

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