



**News Flash** – The Centers for Medicare & Medicaid Services (CMS) has developed the Medicare Learning Network® (MLN) Suite of Products and Resources for Billing and Coding Professionals – to help billers, coders and other reimbursement specialists submit claims correctly the first time. Like all MLN products, the Suite has nationally consistent, up-to-date Medicare information prepared by subject-specific experts—and it is available at no cost! The Suite addresses – The Business of Medicare, Medicare Benefits and Services, Special Medicare Initiatives, and General Medicare Program Information and Resources, and offers an uncomplicated way to understand more about the Medicare Program. To access this new product, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/> and click on “Medicare Learning Network Suite of Products and Resources for Billing and Coding Professionals” on the left side of the page.

MLN Matters Number: MM7113

Related Change Request (CR) #: 7113

Related CR Release Date: September 24, 2010

Effective Date: August 12, 2010

Related CR Transmittal #: R125NCD

Implementation Date: October 25, 2010

**Note:** This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

## Intensive Cardiac Rehabilitation (ICR) Programs - Dr. Ornish’s Program for Reversing Heart Disease and the Pritikin Program

### Provider Types Affected

This article is for physicians, hospitals, and other providers who bill Medicare contractors (fiscal intermediaries (FI), carriers, and Part A/B Medicare Administrative Contractors (A/B MAC)) for Intensive Cardiac Rehabilitation (ICR) program services provided to Medicare beneficiaries.

### What You Need to Know

CR 7113, from which this article is taken, announces that (through a National Coverage Determination (NCD)) the Centers for Medicare & Medicaid Services (CMS) has determined that, effective for claims with dates of service on and after August 12, 2010, the Ornish Program for Reversing Heart Disease and the Pritikin

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Program each meet the ICR program requirements. As such, both programs have been included on the list of approved ICR programs available at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/index.html> on the CMS website. You should make sure that your billing staffs are aware of this new NCD.

## Background

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ICR refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner than other such programs. As required by section 1861(eee)(4)(A) of the Social Security Act (the Act), an ICR program must show (in peer-reviewed published research) that it accomplished one or more of the following for its patients: 1) positively affected the progression of coronary heart disease; 2) reduced the need for coronary bypass surgery; and, 3) reduced the need for percutaneous coronary interventions.

In addition, the program must show (also in peer-reviewed literature) that it accomplished a statistically significant reduction in 5 or more of the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services:

- 1) low density lipoprotein;
- 2) triglycerides;
- 3) body mass index;
- 4) systolic blood pressure;
- 5) diastolic blood pressure; and
- 6) the need for cholesterol, blood pressure, and diabetes medications.

Individual ICR programs must be approved through the NCD process to ensure they demonstrate the above accomplishments. In order to implement these coverage provisions effective January 1, 2010, CMS added 42 CFR, Part 410.49 through rulemaking in the 2010 Medicare Physician Fee Schedule Final Rule, Federal Register, Volume 74, Number 226, pages 61,738 & 61,872, on November 25, 2009. (You can find this information at <http://edocket.access.gpo.gov/2009/pdf/E9-26502.pdf> on the Internet).

The Ornish Program for Reversing Heart Disease (also known as the Multisite Cardiac Lifestyle Intervention Program, the Multicenter Cardiac Lifestyle Intervention Program, and the Lifestyle Heart Trial Program) was initially described in the 1970s and incorporates comprehensive lifestyle modifications including

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exercise, a low-fat diet, smoking cessation, stress management training, and group support sessions. Over the years, the Ornish program has been refined, but continues to focus on these specific risk factors.

The Pritikin diet was designed and adopted by Nathan Pritikin in 1955. The diet was modeled after the diet of the Tarahumara Indians in Mexico, which consisted of 10% fat, 13% protein, 75-80% carbohydrates, and provided 15-20 grams per day of crude fiber with only 75 mg/day of cholesterol. Over the years, the Pritikin Program (also known as the Pritikin Longevity Program) evolved into a comprehensive program that is provided in a physician's office and incorporates a specific diet (10%-15% of calories from fat, 15%-20% from protein, 65%-75% from complex carbohydrates), exercise, and counseling lasting 21-26 days. An optional residential component is also available for participants.

Please refer to MLN Matters article MM6850 (Cardiac Rehabilitation and Intensive Cardiac Rehabilitation), released on May 21, 2010, to learn more about detailed claims processing, coverage, coding, and payment regarding ICR. You can find this article at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6850.pdf> on the CMS website.

## Additional Information

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You can find the official instruction, CR 7113, issued to your carrier, FI, or A/B MAC at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R125NCD.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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