

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 171	Date: July 18, 2014
	Change Request 8758

SUBJECT: Cardiac Rehabilitation Programs for Chronic Heart Failure

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is effective for dates of service on and after February 18, 2014, Medicare covers cardiac rehabilitation services to beneficiaries with stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% 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.

This revision to the Medicare National Coverage Determinations Manual is a national coverage determination (NCD). NCDs are binding on all carriers, fiscal intermediaries, contractors with the Federal government that review and/or adjudicate claims, determinations, and/or decisions, quality improvement organizations, qualified independent contractors, the Medicare appeals council, and administrative law judges (ALJs) (see 42 CFR section 405.1060(a)(4) (2005)). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an ALJ may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

EFFECTIVE DATE: February 18, 2014

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

IMPLEMENTATION DATE: August 18, 2014

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: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/Table Of Contents
N	1/20/10.1/Cardiac Rehabilitation Programs for Chronic Heart Failure

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the

current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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SUBJECT: Cardiac Rehabilitation Programs for Chronic Heart Failure

EFFECTIVE DATE: February 18, 2014

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

IMPLEMENTATION DATE: August 18, 2014

I. GENERAL INFORMATION

A. Background: On June 4, 2013, the Centers for Medicare & Medicaid Services (CMS) initiated a national coverage analysis (NCA) to expand Medicare coverage of cardiac rehabilitation to beneficiaries diagnosed with chronic heart failure.

As per Sections 1861(s)(2)(CC) and 1861(eee)(1) of the Social Security Act, items and services furnished under a Cardiac Rehabilitation (CR) program may be covered under Medicare Part B. Among other things, Medicare regulations at 42CFR410.49 define key terms, address the components of a CR program, establish the standards for physician supervision, and limit the maximum number of program sessions that may be furnished. The regulations also describe the cardiac conditions that would enable a beneficiary to obtain CR services.

Specifically, coverage is permitted for beneficiaries who have experienced one or more of the following:

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypass surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting or
- Heart or heart-lung transplant

This change request adds chronic heart failure to the list of cardiac conditions, see above, that would enable a beneficiary to obtain CR services.

CMS may add “other cardiac conditions as specified through a national coverage determination” (42 CFR §410.4(b)(vii).

B. Policy: Effective for dates of service on and after February 18, 2014, Medicare has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR §410.49(b)(1)(vii) to beneficiaries with stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% 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. Stable patients are defined as patients who have not had recent (≤6 weeks) or planned (≤6 months) major cardiovascular hospitalizations or procedures. (See section A above for indications covered 42 CFR §410.49(b)(1)(vii).

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
8758 - 03.2	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage), Michelle Issa, 410-786-6656 or michelle.issa@cms.hhs.gov (Coverage) , Patricia Brocato-Simons, 410-786-0261 or Patricia.BrocatoSimons@cms.hhs.gov (Coverage), William Ruiz, 410-786-9283 or William.Ruiz@cms.hhs.gov (Intermediary Part A Claims), April Billingsley, 410-786-0140 or April.Billingsley@cms.hhs.gov (Practitioner Part B Claims)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare National Coverage Determinations Manual

Chapter 1, Part 1 (Sections 10-80.12)

Coverage Determinations

(Rev. 171, Issued: 07-18-14)

20.10.1 – Cardiac Rehabilitation Programs for Chronic Heart Failure

20.10.1 – Cardiac Rehabilitation Programs for Chronic Heart Failure
(Rev. 171, Issued: 07-18-14, Effective: 02-18-14, Implementation: 08-18-14)

A. General

As per sections 1861(s)(2)(CC) and 1861(eee)(1) of the Social Security Act, items and services furnished under a Cardiac Rehabilitation (CR) program may be covered under Medicare Part B. Among other things, Medicare regulations at 42CFR410.49 define key terms, address the components of a CR program, establish the standards for physician supervision, and limit the maximum number of program sessions that may be furnished. The regulations also describe the cardiac conditions that would enable a beneficiary to obtain CR services.

Effective for dates of service on and after January 1, 2010, coverage is permitted for beneficiaries who have experienced one or more of the following:

- *Acute myocardial infarction within the preceding 12 months*
- *Coronary artery bypasses surgery*
- *Current stable angina pectoris*
- *Heart valve repair or replacement*
- *Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting*
- *A heart or heart-lung transplant*

The Centers for Medicare & Medicaid Services (CMS) may add “other cardiac conditions as specified through a national coverage determination” (See 42 CFR §410.49(b)(1)(vii).

B. Nationally Covered Indications

Effective for dates of service on and after February 18, 2014, CMS has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR § 410.49(b)(1)(vii) to beneficiaries with stable, chronic heart failure, defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable patients are defined as patients who have not had recent (≤6 weeks) or planned (≤6 months) major cardiovascular hospitalizations or procedures. (See section A above for other indications covered under 42 CFR §410.49(b)(1)(vii).

C. Nationally Non-Covered Indications

Any cardiac indication not specifically identified in 42 CFR § 410.49(b)(1)(vii) or identified as covered in this NCD or any other NCD in relation to cardiac rehabilitation services is considered non-covered.

D. Other

NA
(This NCD last reviewed February 2014.)