

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-03 Medicare National Coverage Determinations	Centers for Medicare & Medicaid Services (CMS)
Transmittal 175	Date: October 3, 2014
	Change Request 8894

SUBJECT: Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program

I. SUMMARY OF CHANGES: Effective for dates of service on and after May 6, 2014, Medicare determined that the evidence is sufficient to expand the ICR benefit to include the Benson-Henry Institute Cardiac Wellness Program.

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: May 6, 2014

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

IMPLEMENTATION DATE: November 4, 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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	Table of Contents
N	20.31.3/ Benson-Henry Institute Cardiac Wellness Program (Effective May 6, 2014)

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: Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program

EFFECTIVE DATE: May 6, 2014

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IMPLEMENTATION DATE: November 4, 2014

I. GENERAL INFORMATION

A. Background: This change request is due to a new consideration of section 20.31.3 of the National Coverage Determination (NCD) Manual titled Intensive Cardiac Rehabilitation (ICR) Program. On September 3, 2013 the Centers for Medicare & Medicaid Services (CMS) initiated a national coverage analysis (NCA) to expand Medicare coverage of the ICR benefit for beneficiaries to include the Benson-Henry Institute Cardiac Wellness Program.

ICR refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. As required by §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; or, (3) reduced the need for percutaneous coronary interventions.

The ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in five 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.

CMS uses the NCD process to review each ICR program based on peer-reviewed published research, to ensure the program under evaluation demonstrates that it satisfies the specific standards set forth in section 1861(eee)(4) of the Act. 42 C.F.R. § 410.49(c)(3).

B. Policy: Effective for dates of service on and after May 6, 2014, Medicare determined that the evidence is sufficient to expand the ICR benefit to include the Benson-Henry Institute Cardiac Wellness Program, which meets the ICR program requirements set forth by Congress in §1861(eee)(4)(A) of the Social Security Act and in our regulations at 42 C.F.R. §410.49(c). This program has been included on the list of approved ICR programs available at: <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/ICR.html>

Note: Contractors should refer to CR 6850 for detailed claims processing, coverage, and coding and payment information regarding ICR. No additional claims processing instructions are required to implement this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
8894 - 03.1	<p>Effective for dates of service on and after May 6, 2014, Medicare expanded the ICR benefit to include the Benson-Henry Institute Cardiac Wellness Program which meets the ICR program requirements set forth by Congress in §1861(eee)(4)(A) of the Act and in our regulations at 42 C.F.R. §410.49(c).</p> <p>Please refer to NCD Manual Chapter 1, section 20.31.3 for further details.</p>	X	X							

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		
8894 - 03.2	<p>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.</p>	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): 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 (Institutional Claims Processing) , Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage)

Post-Implementation Contact(s): Contact your Contracting Office 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

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(Rev.175. Issued: 10-03-14)

20.31.3 – Benson-Henry Institute Cardiac Wellness Program (Effective May 6, 2014)

20.31.3 – Benson-Henry Institute Cardiac Wellness Program (Effective May 6, 2014)
(Rev. 175, Issued: 10-03-14, Effective: 05-06-14, Implementation: 11-04-14)

A. General

The fundamental concepts of the Benson-Henry Institute Cardiac Wellness Program were developed by Herbert Benson, MD, over 40 years ago. Benson states that “in the middle 1960s, when I noticed that people’s blood pressures were higher during visits to my office than at other times and wondered whether stress wasn’t causing that rise. Stress wasn’t on the radar then, so I began investigating a connection between stress and hypertension.” (<http://www.ideafit.com/fitness-library/mind-body-medicine-balanced-approach>) The Cardiac Wellness Program is a multi-component intervention program that includes supervised exercise, behavioral interventions, and counseling, and is designed to reduce cardiovascular risk and improve health outcomes.

B. Nationally Covered Indications

Effective for claims with dates of service on and after May 6, 2014, the Benson-Henry Institute Cardiac Wellness Program meets the Intensive Cardiac Rehabilitation (ICR) program requirements set forth by Congress in §1861(eee)(4)(A) of the Social Security Act, and in regulations at 42 C.F.R. §410.49(c) and, as such, has been included on the list of approved ICR programs available at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/>.

C. Nationally Non-Covered Indications

Effective May 6, 2014, if a specific ICR program is not included on the above-noted list as a Medicare-approved ICR program, it is non-covered.

D. Other

N/A

(This NCD last reviewed May 6, 2014.)