

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-03 Medicare National Coverage Determinations</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 116</b>	<b>Date: March 5, 2010</b>
	<b>Change Request 6855</b>

**SUBJECT: Repeal of Section 20.10, Cardiac Rehabilitation (CR) Programs**

**I. SUMMARY OF CHANGES:** Section 144(a) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 (Pub. L. No. 110-275) amended Title XVIII of the Social Security Act, in pertinent part, to provide for coverage of CR and intensive cardiac rehabilitation (ICR) under Medicare Part B. The statute specifies certain conditions for these services, with coverage beginning January 1, 2010. The Secretary published a notice of proposed rulemaking (74 Fed. Reg. 33, 520) on July 13, 2009. After considering public comments, the Secretary issued a final rule (Fed. Reg. [http://federalregister.gov/OFRUpload/OFRData/2009-26502\\_PL.pdf](http://federalregister.gov/OFRUpload/OFRData/2009-26502_PL.pdf)) on November 25, 2009.

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 22, 2010**

**IMPLEMENTATION DATE: April 5, 2010**

*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

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
<b>R</b>	1/20.10/Cardiac Rehabilitation Programs

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**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.

#### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

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

# Attachment – Business Requirements

<b>Pub. 100-03</b>	<b>Transmittal: 116</b>	<b>Date: March 5, 2010</b>	<b>Change Request: 6855</b>
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**SUBJECT: Repeal of Section 20.10, Cardiac Rehabilitation (CR) Programs**

**Effective Date: February 22, 2010**

**Implementation Date: April 5, 2010**

## I. GENERAL INFORMATION

**A. Background:** Section 144(a) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 (Pub. L. No. 110-275) amended Title XVIII of the Social Security Act, in pertinent part, to provide for coverage of CR and intensive cardiac rehabilitation (ICR) under Medicare Part B. The statute specifies certain conditions for these services, with coverage beginning January 1, 2010. The Secretary published a notice of proposed rulemaking (74 Fed. Reg. 33, 520) on July 13, 2009. After considering public comments, the Secretary issued a final rule (Fed. Reg. [http://federalregister.gov/OFRUpload/OFRData/2009-26502\\_PI.pdf](http://federalregister.gov/OFRUpload/OFRData/2009-26502_PI.pdf)) on November 25, 2009.

**B. Policy:** In order to ensure consistency with the statute and regulations, the Centers for Medicare & Medicaid Services (CMS) is repealing Section 20.10 from the Medicare National Coverage Determinations (NCD) Manual (Pub. 100-03), effective February 22, 2010. Where the NCD and the regulation may exist simultaneously, the regulation takes precedence over the NCD. Effective January 1, 2010, CR coverage provisions are located in new section 42 CFR 410.49, Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage, and Pub. 100-04, Claims Processing Manual, chapter 32, section 140.

**NOTE:** A Joint Signature Memorandum/Technical Direction Letter 10087, dated December 17, 2009, was released on this subject.

## II. BUSINESS REQUIREMENTS TABLE

*Use "Shall" to denote a mandatory requirement*

Number	Requirement	Responsibility (place an "X" in each applicable column)								
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers			
		F I S S	M C S	V M S	C W F					
6855.1	Contractors shall be aware that effective February 22, 2010, section 20.10 of Pub. 100-03, is repealed. See Pub. 100-04, chapter 32, section 140.	X		X	X					

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	None.										

### IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

B. For all other recommendations and supporting information, use this space: N/A

### V. CONTACTS

**Pre-Implementation Contact(s):** Sarah McClain, Coverage, 410-786-2994, [sarah.mcclain@cms.hhs.gov](mailto:sarah.mcclain@cms.hhs.gov), Pat Brocato-Simons, Coverage, 410-786-0261, [patricia.brocato-simons@cms.hhs.gov](mailto:patricia.brocato-simons@cms.hhs.gov), Michelle Atkinson, coverage, 410-786-2881, [michelle.atkinson@cms.hhs.gov](mailto:michelle.atkinson@cms.hhs.gov), Bill Ruiz, Institutional Claims Processing, 410-786-9283, [William.ruiz@cms.hhs.gov](mailto:William.ruiz@cms.hhs.gov), Tom Dorsey, Practitioner Claims Processing, [Thomas.Dorsey@cms.hhs.gov](mailto:Thomas.Dorsey@cms.hhs.gov), 410-786-7434.

**Post-Implementation Contact(s):** CMS ROs

### VI. FUNDING

A. For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. 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.

## **20.10 - Cardiac Rehabilitation Programs**

*(Rev. 116; Issued: 03-05-10; Effective Date: 02-22-10; Implementation Date: 04-05-10)*

*This section of the NCD Manual was repealed February 22, 2010, as a result of section 144 of the Medicare Improvements for Patients and Providers Act. Instead, refer to Pub. 100-04, chapter 32, section 140.*