CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 3084	**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.

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	32/140.2.2.2 /Requirements for CR and ICR Services on Institutional Claims

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

Pub. 100-04	Transmittal: 3084	Date: October 3, 2014	Change Request: 8894

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EFFECTIVE DATE: May 6, 2014
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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.

Note: ICD-10 code conversions for NCD20.31.3 can be accessed at the following site: http://www.cms.gov/Medicare/Coverage/DeterminationProcess/Downloads/20_31_3_Benson_Henry_Final.pdf

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8894 - 04.1	Effective for dates of service on and after May 06, 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). Please refer to NCD Manual Chapter 1, section 20.31.3 for further details.	X	X							
8894 - 04.2	Contractors shall use the following CARC message when denying claims for TOBs other than 13X and 85X: CARC 171 - Payment is denied when performed/billed by this type of provider in this type of facility.	X								
8894 - 04.3	For claims with dates of service on or after May 6, 2014, Medicare contractors shall not search their files. However, contractors shall adjust claims brought to their attention.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
8894 - 04.4	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	X	X			

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	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.					

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): Michelle Issa, 410-786-6656 or Michelle.Issa@cms.hhs.gov (Coverage) , Wanda Belle, 410-786-7491 or wanda.belle@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) , April Billingsley, 410-786-0140 or April.Billingsley@cms.hhs.gov (Practitioner Claims Processing)

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

140.2.2.2 – Requirements for CR and ICR Services on Institutional Claims

(Rev.3084, Issued: 10- 03- 14, Effective: 05-06-14, Implementation: 11-04-14)

Effective for claims with dates of service on and after January 1, 2010, contractors shall pay for CR and ICR services when submitted on Types of Bill (TOBs) 13X and 85X only. All other TOBs shall be denied.

The following messages shall be used when contractors deny CR and ICR claims for TOBs *other than* 13X and 85X:

Claim Adjustment Reason Code (CARC) 171 – Payment is denied when performed/billed by this type of provider in this type of facility. NOTE: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remittance Advice Remark Code (RARC) N428 - Service/procedure not covered when performed in this place of service.

Medicare Summary Notice (MSN) 21.25 - This service was denied because Medicare only covers this service in certain settings.

Group Code PR (Patient Responsibility) – Where a claim is received with the GA modifier indicating that a signed ABN is on file.

Group Code CO (Contractor Responsibility) – Where a claim is received with the GZ modifier indicating that no signed ABN is on file.