CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 539	**Date: August 29, 2014**
	Change Request 8758

Transmittal 530, dated July 18, 2014, is being rescinded and replaced by Transmittal 539, dated August 29, 2014 to clarify in section 4.2.8 that chronic heart failure is an added indication to NCD 20.10.1, cardiac rehabilitation only. All other information remains the same.

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.

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	15/Table of Contents
R	15/4.2.8/Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR)

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. 100-08	Transmittal: 539	Date August 29, 2014	Change Request: 8758

Transmittal 530, dated July 18, 2014, is being rescinded and replaced by Transmittal 539, dated August 29, 2014 to clarify in section 4.2.8 that chronic heart failure is an added indication to NCD 20.10.1, cardiac rehabilitation only. All other information remains the same.

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 42 CFR §410.49, 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).

Refer to Pub. 100-03, National Coverage Determinations Manual, chapter 1, part 1, section 20.10.1, Pub. 100-04, Claims Processing Manual, chapter 32, section 140, Pub. 100-08, Medicare Program Integrity Manual, chapter 15, section 4.2.8, and Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 232 for detailed information regarding chronic heart failure policy and claims processing. Note as referenced above that chronic heart failure is an added indication for purposes of coverage for cardiac rehabilitation programs. Change Request 6850 implemented this policy previously, so no actual editing changes will be necessary.

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	
8758 - 08.1	Effective for dates of service on and after February 18, 2014, Medicare contractors shall cover 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. Refer to Pub. 100-03, Medicare National Coverage Determinations Manual, chapter 1, part 1, section 20.10.1, pub. 100-04, Medicare Claims Processing Manual, chapter 32, section 140, Pub. 100-08, Medicare Program Integrity Manual, chapter 15, section 4.2.8, and Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 232 for detailed information regarding chronic heart failure policy and claims processing.	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
8758 - 08.2	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), Patricia Brocato-Simons, 410-786-0261 or patricia.brocatosimons@cms.hhs.gov (Coverage), Michelle Issa, 410-786-6656 or michelle.issa@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 Program Integrity Manual
Chapter 15 Medicare Enrollment
Table of Contents
(Rev.539, Issued: 08-29-14)

4.2.8 – *Cardiac Rehabilitation (CR) and* Intensive Cardiac Rehabilitation (ICR)

(Rev.539, Issued: 08-29-14, Effective: 02-18-14, Implementation: 08- 18-14)

A. *General* Background *Information*

Effective January 1, 2010, Medicare Part B covers *Cardiac Rehabilitation (CR)* and Intensive Cardiac Rehabilitation (ICR) program services for beneficiaries who have experienced one or more of the following:

- An acute myocardial infarction within the preceding 12 months;
- A coronary artery bypass surgery;
- Current stable angina pectoris;
- Heart valve repair or replacement;
- Percutaneous transluminal coronary angioplasty or coronary stenting;
- A heart or heart-lung transplant.

For cardiac rehabilitation only: 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 (effective February 18, 2014).

ICR programs must be approved by the *Centers for Medicare & Medicaid Services (CMS)* through the national coverage determination (NCD) process *and must meet certain criteria for approval*. Individual sites *wishing* to provide ICR services via an approved ICR program must enroll with their local *Medicare Administrative Contractor (MAC)* as an ICR program supplier.

B. ICR Enrollment

In order to enroll as an ICR site, a supplier must complete a Form CMS-855B, with the supplier type of "Other" selected. *MACs* shall *verify* that the ICR program is approved by CMS through the *NCD* process. A list of approved ICR programs will be identified through the NCD listings, the CMS Web site and the Federal Register. *MACs shall use one of these options to verify that the ICR program has met CMS approval.*

ICR suppliers *shall be enrolled* using specialty code 31. ICR suppliers must separately enroll each of their practice locations. Therefore, each enrolling ICR supplier can only have one practice location on its CMS-855B enrollment application and shall receive its own *Provider Transaction Account Number*. *MACs* shall only accept and process reassignments (855R's) to ICR suppliers for physicians defined in 1861(r)(1) of the *Social Security* Act.

C. Additional Information

For more information on ICR suppliers, refer to:

- 42 CFR §410.49
- Pub. 100-04, Medicare Claims Processing Manual, chapter 32, *section* 140
- Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 232
- Pub. 100-03, National Coverage Determinations Manual, *chapter 1, part 1,* section 20.10