



## RMD Spotlight

### Outpatient Cardiac Rehab-Tools and Best Practice for Reimbursement and Compliance **Effective Date: March 22, 2006 Implementation Date: June 21, 2006**

#### Background Information

Cardiac rehab programs consist of exercise programs for cardiac patients. These programs are increasingly being conducted in specialized, freestanding, cardiac rehabilitation clinics as well as in outpatient hospital departments. These programs include specific types of exercise, individually prescribed for each patient.

Medicare coverage dictates the following criteria must be met in order to qualify for payment of this service.

1. Documented diagnosis of acute myocardial infarction within the preceding 12 months; or
2. Coronary Artery Bypass (CABG) surgery; or
3. Stable angina pectoris; or
4. Heart valve replacement/repair; or
5. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
6. Heart or heart lung transplant.

**Medicare has expanded cardiac rehabilitation programs to include new indications and has extended the time frame for these sessions to include up to 36 sessions (18 weeks).**

The CPT Code for Cardiac Rehab is 93797 & 93798. Here is a list of some of the possible diagnosis codes that may apply.

Diagnosis	ICD-9
Acute Myocardial Infarction	410.1x-410.9x
Coronary Artery Disease of a Native Vessel	414.01
Artherosclerosis with various types of arterial bypass grafts	414.02-414.05
Heart Transplant	V42.1
Heart Valve Transplant	V42.2
Implant Artificial Heart	V43.22
Heart Valve Replacement	V43.3
Coronary Artery Bypass Status	V45.81
PTCA Status	V45.82
Stable Angina Pectoris	413.0 413.9

APC	Group Title	Status Indicator	Relative Weights	Payment Rate	National Unadjusted Co-payment	Minimum Unadjusted Co-payment
0095	Cardiac Rehabilitation	S	0.5984	\$32.49	\$16.24	\$6.50

Please refer to **NCD 20.10, Pub Number 100-3** for the entire eligibility content <http://www.cms.hhs.gov/transmittals/downloads/R52NCD..pdf>.

The following is what the OIG has been concentrating their review on.

- Personnel necessary to conduct the program safely and effectively staff the program.
- Non-physician personnel must be under the direct supervision of a physician.
- The non-physician personnel are employees of either the physician, hospital, or clinic conducting the program and their services are “incident-to a physicians professional services”.

Criteria for Physician Supervision

- Physician must be in the exercise program area and immediately available and accessible for an emergency at all times the program is being conducted.
  - i. Most hospitals rely on emergency room physicians
- It *does not* mean the physician be physically present in the room itself as long as he/she is not to remote form the exercise area. For example:
  - i. The presence of a physician in an office across the hall from the exercise room who is available at all times for an emergency will meet the requirement.
  - ii. The presence of a physician in a building other than that containing the exercise room *does not meet* the requirement.

Criteria for “Incident to” Services (Please refer to <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> page 72-73)

- A physician is on the premises available to perform medical duties at all times the facility is open.
- Each patient is under the care of a hospital or clinic physician.
  - i. The physician must be a hospital physician who personally renders professional services to the patient on a periodic basis and is responsible for the patient’s treatment and plan of care.

***Objective/Goals***

Verify billing compliance and the capture of Medicare payment for cardiac rehab that meets CMS criteria.

Inform cardiac rehab service regarding requirements. Determine if the charge structure is in place. Identify the root cause(s) for accounts that are inaccurately charged, coded or a combination of both. Implement tracking and ensure CMS compliance for billing, charging and coding practices. Provide recommendations for systemic corrections and the recovery of lost revenue, as well as solutions for preventing future revenue losses.

### ***Billing Protocols***

Acquire current billing protocols from the facility's Fiscal Intermediary (FI) to ensure all parties adhere to the published rules and regulations for their facility.

Please follow this link for further information.

<http://www.cms.hhs.gov/Transmittals/downloads/R909CP.pdf>

### **Recommendation**

Perform a focused medical record audit on 50-100 accounts using the criteria listed on page 2. Once the audit is complete share the findings with the Cardiac Rehab Department. If necessary work with the Cardiac Rehab Department to assist them in following the requirements set forth by Medicare.

#### Report Syntax

- Patient type = Outpatient
- Service area = Cardiac Rehab
- Dates of Service =

Using the diagnosis codes listed on page 1 to determine potential cardiac rehab candidates.

#### Report Display

- Account Number
- Patient Name
- Patient Type
- Service Area
- Admit Date
- Discharge Date
- Primary Insurance Carrier
- Secondary Insurance Carrier
- Total Charges
- Total Payments
- Account Balance
- Diagnosis Code
- CPT Code=93797-93798