	POLICIES AND PROCEDURES
Policy #: 404-1720	Lead Department: Utilization Management
Title: Cardiac Rehabilitation Services	
Original Date: 07/01/2006	Policy Hub Approval Date: 07/12/2017
Approved by: Utilization Management Workgroup (UMWG)	

Purpose:

To define Central California Alliance for Health's (the Alliance) covered physician supervised Cardiac Rehabilitation Services to Alliance members.

Policy:

The Alliance provides coverage of Cardiac Rehabilitation Services when medically indicated as outlined in this policy.

Definitions:

Cardiac Rehabilitation:

The central component of cardiac rehabilitation is a prescribed regimen of physical exercises intended to improve functional work capacity and to increase the patient's confidence and well-being. Cardiac rehabilitation serves this purpose by providing a supervised program in the outpatient setting that involves medical evaluation; an electrocardiogram (ECG) monitored physical exercise program, cardiac risk factor modification, education, and counseling.

Procedures:

1. Scope of Covered Services:

The following summarizes coverage/non-coverage for Cardiac Rehabilitation Services.

- a. Rehabilitation started in hospital after a cardiac event is considered part of the hospital stay.
- b. All cardiac rehabilitation services require prior authorization.
- c. Physician services for outpatient cardiac rehabilitation with continuous ECG monitoring are covered for members meeting qualifying criteria per MCG care guidelines.
- d. These services must be conducted in a freestanding cardiac rehabilitation facility or a hospital outpatient department. This phase requires close monitoring and is directed by the physician who is onsite.
- e. Services without continuous ECG monitoring are not covered.


2. Medically Necessary Criteria:

The Alliance uses MCG care guidelines for medical necessity determinations for cardiac rehabilitation.

3. Timing of Service:

Services must be initiated within six months of the qualifying event.

4. Place of Service:

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The facility providing Cardiac Rehabilitation Services must be a Hospital Outpatient setting or a Physician-directed clinic that primarily provides cardiac services. The facility must have advanced equipment related to cardiac care and have advance cardiopulmonary resuscitation (CPR) capability. The supervising physician must be on-site.

5. Required Documentation:

In order for cardiac rehabilitation services to be covered, the following documentation must be provided:

- a. Qualifying diagnosis with date of onset;
- b. Documented “clearance” with treatment plan by supervising/prescribing physician;
- c. Physician’s “order” for program;
- d. Start of care date;
- e. Physician documentation of cardiac risk factors or clinical indications for cardiac rehabilitation program;
- f. Documentation of patient goals.

6. Number and Frequency of Visits:

The Initial Authorization shall include 2-3 sessions per week spread out over a 12 to 18 week period. The member may receive up to 36 sessions in the initial authorization, based upon the physician’s assessment.

7. Maximum Number of Visits:

The initial authorization shall include up to 36 visits over the course of up to an 18 week period, depending upon the physician’s assessment and the member’s risk classification. In the event that the physician believes an extended number of visits/weeks are necessary, the physician shall submit an authorization request with new documentation of a current assessment of the member’s status, performance and exercise treatment plan. Total visits authorized shall not exceed 72. Visits shall be completed within 36 weeks of the start date.

References:

Alliance Policies:

Impacted Departments:


Member Services

Provider Services

Regulatory:

Legislative:

Contractual:

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MMCD Policy Letter:

NCQA:

Supersedes:

Other References:

MCG – Cardiac Rehabilitation

Attachments:

Lines of Business This Policy Applies To

- ☒ Medi-Cal
- ☒ Alliance Care IHSS
- ☒ Medi-Cal Access Program (MCAP)

LOB Effective Dates

(01/01/1996 – present)
 (07/01/2005 – present)
 (02/01/2009 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
07/01/2006	07/01/2006	Barbara Flynn, RN	Barbara Palla, MD
03/01/2010	03/01/2010	Kaite McGrew	Richard Helmer, MD
11/01/2011		David Altman, MD	Julio Porro, MD
11/01/2012	11/01/2012	Julio Porro, MD	UMWG
01/15/2013	01/15/2013	Britta Vigurs, Admin Asst.	UMWG
10/22/2013	10/22/2013	Julio Porro, MD, Medical Director	UMWG
10/29/2014	10/29/2014	Julio Porro, MD, Medical Director	UMWG
09/29/2015	09/29/2015	Kathy Dean, RN, UM Manager – Prior Authorization	UMWG
08/31/2016	09/20/2016	Kathy Dean, RN UM Manager, Prior Auth	UMWG
06/27/2017	07/03/2017	Kathy Dean, RN UM Manager, Prior Auth	UMWG