



Texas Association of Cardiovascular and Pulmonary Rehabilitation

Winter 2012 Legislative Update: 1/18/12

The Cardiac Rehabilitation LCD has been finalized and will be released 1/16/2012. This LCD will replace the current LCD that has been in effect since 3/1/2008. You can access the LCD under <http://www.trailblazerhealth.com/Tools/LCDs.aspx?DomainID=1>

Please note the most important changes within the LCD under sections A thru G:

Under: *A. "Facilities for Both CR and ICR" section:*

- The program is conducted in an area set aside for the exclusive use of the program while it is in session. **REMOVED**
- "When conducted in a hospital, an identified physician must be immediately available. This does not require that a physician be physically present in the exercise room itself but **must be immediately available (without the passage of time) and accessible** at all times in case of an emergency. **ADDED**

Under *B. (A 'WHOLE' new section) CR/ICR Program Physician Requirements:*

- Physicians responsible for CR/ICR programs are identified as medical directors who oversee or supervise the CR/ICR program at a particular site.
- The medical director, in consultation with staff, is involved in directing the progress of individuals in the program.
- The medical director, as well as physicians acting as the supervising physician, must possess all of the following:
 - Expertise in the management of individuals with cardiac pathophysiology.
 - Cardiopulmonary training in basic life support or advanced cardiac life support.
 - Licensed to practice medicine in the state in which the CR/ICR program is offered.
- Direct physician supervision may be provided by a supervising physician or the medical director.

Under *C. Diagnoses for Both CR and ICR:*

- For CABG, Stent/PTCA, & Heart valve surgery, the entry date is 3 months from the time of the event. [Remarks on CABG]: Exceptions to this (rationale for a later start) must be documented in the medical record and made available to Medicare upon request. **CHANGED from 6 MONTHS**
- For Stable Angina: For patients with current stable angina, the diagnosis of angina must be based on a detailed symptom history, focused physical examination, directed risk factor assessment, and appropriate confirmatory testing such as a stress test. **NEW DEFINITION**

Under *D. Frequency and Duration for CR and ICR: (This section totally re-written. Noting just the most important).*

- The frequency and duration of the program is generally a total of 36 sessions over a maximum of 36 weeks.
- An additional 36 sessions may be allowed if a significant intercurrent illness or comorbidity occurred during the first 36 sessions **and** the exit criteria have not been met (Phase IIB). Inclusion of the KX modifier on the claim line(s) will be accepted as an attestation by the provider

of the service that documentation is on file verifying that further treatment beyond 36 sessions of CR up to a total of 72 sessions meets the CR coverage requirements.

- An additional series of 36 sessions may be allowed as a new series of CR initiated after an intervening event described as an indication for CR in this LCD. Inclusion of the KX modifier on the claim line(s) will be accepted as an attestation by the provider of the service that documentation is on file verifying that an additional series of CR meets the CR coverage requirements.

Under *E. Exit Criteria for Both CR and ICR:*

Outcome assessments should include:

- Minimally, assessments from the commencement and conclusion of CR/ICR, based on patient-centered outcomes, which must be measured by the physician immediately at the beginning and end of the program. **ADDED**
- Objective clinical measures of the effectiveness of the CR/ICR program for the individual patient, including exercise performance and self-reported measures of exertion and behavior. **ADDED**

Under *Revenue Codes*

Revenue codes 0969, 0977, 0982 **ADDED**