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1.0 Description of the Procedure, Product, or Service

Cardiac rehabilitation involves treatment and education that lead the cardiac patient to attain maximum physical and psychological function.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Cardiac rehabilitation is covered with limitations.

- a. Cardiac rehabilitation services are covered if rendered in a hospital or in a facility fully certified by the North Carolina Department of Health and Human Services.
- b. Service coverage is limited to recipients with Coronary Artery Bypass Graft (CABG); status/post myocardial infarction; Percutaneous Transluminal Coronary Angioplasty (PTCA) or stent; valve replacement; heart transplantation; or chronic and disabling angina.
- c. Cardiac Rehabilitation must be provided within six months of the qualifying event.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; **OR**
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Cardiac rehabilitation is not covered:

- a. once the \$1,800 or 90 day benefit has been exhausted (Refer to **Section 5.0**).
- b. for recipients who have not had a qualifying event (Refer to **Subsection 3.2**) within the prior six months.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior Approval is not required for cardiac rehabilitation.

5.2 Annual Maximum Benefit

The annual maximum benefit for cardiac rehabilitation program services is the lesser of \$1,800 or 90 days per fiscal year.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Note: A hospital or facility fully certified by the North Carolina Department of Health and Human Services.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Codes
93797
93798

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital, and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.