

## Response to Comments for Cardiac Rehabilitation (DL32872)

Palmetto GBA received several comments from cardiac rehabilitation facilities for the Cardiac Rehabilitation LCD.

Commenter asks that under *Facilities for Both CR and ICR* that under the first bullet that “physician’s office” be removed as this LCD is for facilities that bill cardiac rehabilitation.

Palmetto GBA accepts this comment. The LCD has been updated to reflect this correction.

Commenter asks if the second bullet under *Facilities for Both CR and ICR* that discussed the emergency life saving equipment accepted by the medical community is inappropriate and should be removed. How does the facility document the standards of a specific medical community?

Palmetto GBA does not feel that this requires elaboration. This is a standard requirement of such facilities as described in the peer-reviewed literature; however, it is not a condition for payment.

Commenter asks that the statement regarding the physician “*must be immediately available and accessible*” is acceptable for a physician’s office, but in the hospital the “*immediately available and accessible*” is presumed in the facility.

Palmetto GBA understands that physician supervision is presumed in the facility; however, the Code of Federal Register (CFR) 42 CFR 410.49 (3)(iii) and (a)(ii) state, “Supervising physician means a physician that is immediately available and accessible for medical consultations and medical emergencies at all times items and services are being furnished to individuals under cardiac rehabilitation and intensive cardiac rehabilitation programs.” This requirement is stated under conditions of coverage. Palmetto GBA does not routinely deny claims to facilities for lack of evidence of immediate supervision, but would expect to see evidence that the conditions of payment are met during audit.

Commenter asks that under the section *Diagnoses for Both CR and ICR* the current LCD gives examples of tests that should be performed (example, stress test). The commenter suggested inclusion of other tests that could be used, such as myocardial perfusion study.

Palmetto GBA accepts this comment. Palmetto GBA does not wish to be prescriptive and has removed this statement.

Commenter asks that if the educational sessions billed under 93797 against the total of the 36 cardiac rehabilitation sessions. The code 93797 is the correct code for these services—please refers to the long descriptor in the coding manual.

Commenter asks if the documentation for the physician supervision could be clarified.

Palmetto GBA has clarified the differences between the roles of medical director and physician supervision in the final LCD.

There were several comments about the timing of the rehabilitation after the qualifying event.

Palmetto GBA notes that the national criteria require that the services be provided within one year of an acute myocardial infarction, but do not specify a time limit for other indications. The literature and arguments against time limits were persuasive and these restrictions were removed.

There were comments regarding the exit criteria including the position that the use of METS as a standard is excessively restrictive and that this measurement may be variable.

Palmetto GBA understands that this particular criterion is used in the cardiac rehabilitation literature. Further it appears to be standard notwithstanding the variability of this measurement. Palmetto GBA would expect that the medical director of the rehabilitation program would be able to appropriately apply and interpret these data for a given patient. Such interpretation should be explained in the medical record. In addition, Palmetto GBA feels that the use of only a physiologic criterion to determine completion of the program is not appropriate. Therefore cognitive and functional criteria are added.