MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1401**	
Subject:	**Cardiac Rehabilitation Program**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**03/01/2006**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 07/23, 07/24, 7/25**	
Historical Revision Date(s):	**10/06, 11/07, 09/08, 09/09, 09/10, 11/11, 12/12, 10/13, 10/14, 10/15, 10/16, 07/17**	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	**Medical Director**	
Responsible Departmen t(s):	**Clinical Operations**	
Regulatory References:	Code of Federal Regulations section 42 CFR410.49 https://gov.ecfr.io/cgi-bin/textidx?SID=e6ad0b73a71e76dccf2e3dcf31358610&mc=true&node=se42.2.410_149&rgn	
Approved:	AVP of Clinical Operations	**Chief Medical Officer**

Purpose: **To define the conditions under which MedStar Family Choice (MFC) utilization staff may authorize medically supervised cardiac rehabilitation programs.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to authorize medically supervised cardiac rehabilitation programs by nurse utilization management staff as outlined in the criteria below. Requests that do not specifically meet the**

criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a Medical Exception.

Procedure:

1. Nurse utilization management staff may authorize medically supervised cardiac rehabilitation programs if all the following criteria are met:
    a. The request is for services with an in-network provider
    b. The request is signed by a Cardiologist who has evaluated the member within the past 90 days. Request may also be signed by a PCP if there is evidence that a Cardiologist has evaluated the member within the prior 90 days and made the recommendation for cardiac rehabilitation.
    c. Clinical information is provided and documents the presence of one (1) of the following conditions:
        i. Acute myocardial infarction within the last 12 months
        ii. Coronary artery bypass surgery
        iii. Percutaneous coronary vessel intervention such as angioplasty, atherectomy and/or stenting
        iv. Valve replacement or repair
        v. Heart transplantation or heart-lung transplant
        vi. Current stable angina pectoris
        vii. Heart Failure (chronic, stable) defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable patients are defined as patients who have not had recent (≤6 weeks) or planned (≤6 months) major cardiovascular hospitalizations or procedures.
        viii. Left ventricular assistive device (LVAD)

Limitations:

1. The number of cardiac rehabilitation program sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions over up to 36 weeks with the option for an additional 36 sessions over an extended period of time, if approved.

References:

1. Code of Federal Regulations section 42 CFR410.49 https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.49. Accessed 05/13/25
2. National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1) https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=359 Accessed 05/13/25
3. Decision Memo for Cardiac Rehabilitation (CR) Programs – Chronic Heart Failure (CAG-0437N)

https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=270
Accessed 05/13/2025

4. Exercise and cardiac rehabilitation after LVAD implantation. https://pmc.ncbi.nlm.nih.gov/articles/PMC11991995/. Accessed on 5/13/25.

Summary of Changes:	**7/25:** • Added LVAD to list of indications • Updated references **07/24:** • Removed specific names from "responsible parties" and changed to title- Medical Director. • Removed specific names from "approved" and changed to titles AVP of Clinical Operations and Chief Medical Officer. **07/23:** • Updated approved by to Carol Attia and Dr. Wills • Updated references • Updated the list of covered conditions • Updated regulatory references **07/22:** • Removed NCQA from Regulatory References. • Updated responsible party from Dr. Toye to Dr. Kats. • Formatted reference section. **07/21:** • Added limitations. • Updated Regulatory References to reflect 2021 NCQA Standards. • Added "Maryland" to scope. • Updated Responsible Departments from Utilization Management to Clinical Operations. **07/20:** • Updated Section from Care Management to Medical Non-Pharmacy Protocols. • Updated Regulatory References to reflect 2020 NCQA Standards. **07/19:** • Updated NCQA Reference to reflect 2019 Standards. • Removed "Maryland" from scope. • Under "References" added Code of Federal Regulations section 42 CFR410.49.

	07/18: • Removed references to DC health plans. • Updated references. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toye's title from Senior Medical Director to Chief Medical Officer. • Added MFC. • Changed Physician Advisor to Medical Director. • Added "stable" to angina pectoris under Section C (vi). **10/16:** • Added Medicare references. **10/15:** • No changes.