

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: FEBRUARY 7, 2005

**SUBJECT: ADDENDUM TO PREVIOUS CARDIAC REHABILITATION
ARTICLE DATED SEPTEMBER 17, 2004**

There has been a great deal of concern regarding an article CareFirst published in 2004 concerning Cardiac Rehabilitation. The article in question was originally written as a response to inquiries the Fiscal Intermediary had received from Cardiac Rehabilitation facilities, particularly those facilities that had been audited by the Office of Inspector General (OIG). Across the country, the OIG had expressed concerns regarding facilities' compliance with the "incident to" and "direct supervision" requirements of the National Coverage Decision (NCD) on Cardiac Rehabilitation. The facilities that were audited were instructed to seek guidance from their Fiscal Intermediaries as to how to fulfill the requirements of the NCD. However it is worth noting that the Fiscal Intermediaries did not receive specific information from the OIG as to their interpretation of the NCD.

In the article CareFirst published, guidelines were presented that, in the opinion of the Fiscal Intermediary, would assure compliance with any audit that was focused on the "incident to" and "direct supervision" requirements of the NCD. However, at this time, it would be incorrect to state that these are requirements for payment that the Fiscal Intermediary is imposing on the Cardiac Rehabilitation community. In the past, we have assumed compliance with the "incident to" provision for hospital-based services. Our recent concern has been, and continues to be, that facilities adhering to their current procedures could be at risk from the OIG findings. However, the OIG does not make medical policy, and their final report has not been submitted and evaluated by CMS. Thus our comments concerning "incident to" and "direct supervision" may be regarded as guidelines rather than requirements.

Additionally, several providers have raised legitimate issues regarding Maryland Medicare Part A's recent Cardiac Rehabilitation article pertaining to the statement, "All patients must have a pre-entry stress test that is positive for exercise-induced ischemia."

The statement as written does not take into account other types of tests for cardiac ischemia; situations such as false-negative stress tests; or cases in which the patient has undergone cardiac bypass surgery or had an acute myocardial infarction within the past 12 months and is thus eligible for Cardiac Rehabilitation without regard to the status of a stress test.

Therefore, to clarify, a pre-entry stress test that is positive for exercise-induced ischemia is useful to assist in the diagnosis of stable angina, but other documentation which supports the diagnosis may be substituted. Additionally, a pre-entry stress test may be useful to demonstrate a patient's ability to tolerate a Cardiac Rehabilitation program.

If you have any questions you can contact Janice Austin, RN at 410-561-4158.