

Marketplace National Regional Benefit Interpretation Document

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| Benefit Name | CARDIAC REHABILITATION SERVICES - OUTPATIENT |
| Applicable State | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin |
| Benefit Definition | <p>This policy addresses outpatient cardiac rehabilitation services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>TEXAS:</p> <p>Texas Insurance Code, Benefits provided by Health Maintenance Organizations, Section 1271.156: Benefits for Rehabilitation Service and Therapies</p> <p>Texas Administrative Code, Title 28, Chapter 11 HMOs, rule 11.508: Basic Health Care Services and Mandatory Benefit Standards: Group, Individual, and Conversion Agreements</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">B. STATE MARKET PLAN ENHANCEMENTS</div> <p>None</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">C. COVERED BENEFITS</div> <p>IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.</p> |

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

CARDIAC REHABILITATION SERVICES - OUTPATIENT

CALIFORNIA, FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN EXCEPT IDAHO:

Outpatient cardiac rehabilitation services when medical criteria are met.

For medical necessity clinical coverage criteria, refer to Medical Policy

Note: Cardiac Rehabilitation Services must be performed by Physician, a licensed therapy Provider, or qualified autism service Provider or other Provider licenses, certified, or otherwise authorized under state law to perform the service, and within the Provider's scope of practice. Benefit under this section include rehabilitation services provided in a Physician's office or on an outpatient basis at a Hospital or Alternate Facility. Rehabilitative services provided in a Member's home by a home health agency are provided as described under Home Health Care Visits. Rehabilitative services provided in a Member's home other than by a home health agency are provided as described under this section.

FLORIDA:

Rehabilitation Services include:

- Cardiac rehabilitation (36 visit limit per calendar year)
 - Outpatient rehabilitative services are limited to a total of 35 visits for any combination of physical therapy, occupational therapy, speech therapy, cardiac rehabilitation therapy, massage therapy by a licensed massage therapist, and spinal manipulative therapy. Only 26 of those visits can be for spinal manipulative therapy.

KENTUCKY:

Rehabilitation Services include:

- Cardiac rehabilitation (36 visit limit per calendar year)

MISSISSIPPI:

Rehabilitation services are limited to the following:

- Cardiac rehabilitation therapy (36-visit limit per calendar year and must be initiated within 3 months after hospital discharge).

OHIO:

Rehabilitation Services include:

- Cardiac rehabilitation (36 visit limit per calendar year)

SOUTH CAROLINA:

Rehabilitation Services: Molina covers services that help Members keep, get back, or improve skills and functioning for daily living that have been lost or impaired because they were sick, hurt, or disabled. These services may include physical and occupational therapy, speech therapy, psychiatric rehabilitation, pulmonary rehabilitation therapy, cardiac rehabilitation therapy, and spinal manipulative therapy services in a variety of inpatient and/or outpatient settings

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

CARDIAC REHABILITATION SERVICES - OUTPATIENT
IDAHO:

Outpatient cardiac rehabilitation are not covered

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------|--------------------|
| | |

Procedure Codes (Internal Use Only)

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

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| | <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p> | | | | |
| Approval | Departments | Product | CIM | Clinical Management | |
| | Date | 10/21/2021 | - | 10/21/2021 | |
| | Revised (for 1/1/2023) | 10/27/2022 | | 10/27/2022 | |