

Marketplace National Regional Benefit Interpretation Document

Benefit Name	CARDIAC REHABILITATION SERVICES - OUTPATIENT
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, 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 AND NEVADA:

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 (35 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)

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, NEVADA:

Outpatient cardiac rehabilitation are not covered.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
5/12/2023	Removed from MS limit: <ul style="list-style-type: none"> and must be initiated within 3 months after hospital discharge)
7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language

Prior Authorization

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

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval

Departments	Product	CIM	Clinical Management
Date	10/21/2021	-	10/21/2021
Revised (for 1/1/2023)	10/27/2022	3/23/2023	10/27/2022



Marketplace Benefit Interpretation

	Revised (for 1/1/2024)	10/19/2023		12/8/2023	