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Documentation Audit Tool for Cardiac Rehabilitation Program Requirements

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This tool was developed by Georgia Rackley, a senior clinical specialist at SunStone Consulting. Cardiac and pulmonary rehab are on the approved list of audit targets of recovery audit contractors. Contact her at georgiarackley@sunstoneconsulting.com.

Cardiac Rehabilitation Program Requirements

Requirement	Detail	Yes	No
Physician referral to admit to cardiac rehabilitation program			
<ul style="list-style-type: none"> Acute myocardial infarction within the preceding 12 months Coronary artery bypass surgery Current stable angina pectoris Heart valve repair or replacement Percutaneous transluminal coronary angioplasty or coronary stenting Heart or heart-lung transplant Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks 	<ul style="list-style-type: none"> Documentation that patient experienced one or more of these criteria. 		
Supervising physician is immediately available and accessible for medical consultations and emergencies at all times or direct supervision if office based	<ul style="list-style-type: none"> Documentation to support physician availability (hospital based) or direct supervision (office based), e.g., physician daily log. 		

Individualized Treatment Plan	<ul style="list-style-type: none"> • Description of patient diagnosis. • Physician signed prior to or on start date of treatment sessions; then physician reviewed and signed every 30 days. • Must indicate the type, amount, frequency and duration of CR items and services. • Must include patient specific goals for treatment. 		
Physician prescribed exercise program	<ul style="list-style-type: none"> • Validate for each day CR furnished, aerobic exercise combined with other types of exercise (such as strengthening and stretching) as determined to be appropriate for individual patients by the physician. 		
Cardiac risk factor modification, including education, counseling and behavioral intervention, tailored to the individual's needs	<ul style="list-style-type: none"> • Evidence of patient individualized education, counseling and behavior intervention that addresses cardiac risks. 		
Psychosocial assessment	<ul style="list-style-type: none"> • Written evaluation of patient's mental and emotional functioning relating to the patient's rehabilitation. • Includes family and home situation that may affect the individual's rehabilitation treatment. • Psychosocial evaluation of the individual's response to and rate of progress under the treatment plan. 		
Outcomes assessment of patient's progress	<ul style="list-style-type: none"> • Beginning and end evaluations based on patient centered outcomes conducted by the physician or staff at start and end of program. • Should include objective clinical measures of exercise performance and self-reported measures of exertion and behavior. 		

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