



August 26, 2014

Montana Health Care Programs Notice

Outpatient Hospitals

Cardiac and Pulmonary Rehabilitation Outpatient Updates

Effective July 1, 2014, the Department updated the coverage for outpatient cardiac and pulmonary rehabilitation. Services for procedure codes G0423, and G0424 must be prior authorized by Mountain Pacific Quality Health.

Coverage for outpatient cardiac and pulmonary rehabilitation services must meet the following criteria:

- Must be medically necessary.

Patients with one or more contraindications are not eligible for cardiac and pulmonary rehabilitation. The following conditions are contraindications to cardiac pulmonary rehabilitation.

- Severe psychiatric disturbance including, but not limited to, dementia and organic brain syndrome; or
- Significant or unstable medical conditions including, but not limited to, substance abuse, liver dysfunction, kidney dysfunction, and metastatic cancer.

Cardiac Rehabilitation

Services are limited to the following:

- Cardiac rehabilitation services are limited to a maximum of two 1-hour sessions per day for up to 36 sessions, limited to the following cardiac events and diagnoses:
 - Myocardial infarction within the preceding 12 months;
 - Coronary artery bypass surgery;
 - Heart-lung transplant;
 - Current stable angina pectoris;
 - Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;
 - Heart valve repair or replacement; and
 - Chronic stable heart failure.

Pulmonary Rehabilitation

Services are limited to the following:

- A maximum of two 1-hour sessions per day for up to 36 sessions, for patients with moderate to severe COPD (defined as GOLD classification II, III, and IV).
- If applicable, the patient must have ceased smoking or be in a smoking cessation class.

The following pulmonary rehabilitation services are not covered:

- Education, treatment, and therapies that are not individualized to a specific patient need or are not an integral part of the treatment session;
- Routine psychological screening and treatment where intervention is not indicated;

- Films/videos;
- Duplicate services;
- Maintenance care when there is no expectation of further improvement;
- Treatment that is not medically necessary because the patient requires a general strengthening and endurance program only; and
- Treatment that is not medically necessary because the patient is at an early stage of pulmonary disease as demonstrated by a lack of significant findings in diagnostic testing.

Contact Information

If you have any questions, please contact Jennifer Rieden at 406-444-7014 or jrieden@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.