

Cardiac Rehabilitation

PURPOSE

ND Medicaid covers cardiac rehabilitation services provided by a cardiac rehabilitation program approved by and enrolled with Medicare. Services of non-physician personnel must be furnished under the direct on-site supervision of a physician.

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll in ND Medicaid and be listed on the claim form. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Cardiac Rehabilitation services can be provided by the following enrolled providers as allowed by their scope of their licensure:

- Physician
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the Automated Voice Response System by dialing 1.877.328.7098.

COVERED SERVICES AND LIMITS

GENERAL PROVIDER POLICIES

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and if applicable, the service has an approved service authorization.

Cardiac rehabilitation is defined as a recovery program consisting primarily of monitored cardiac exercise or therapy with member instruction and diagnostic testing services. The member must undergo a comprehensive base line assessment to evaluate coronary risk factors and exercise capacity. Cardiac rehabilitation staff must review the assessment to outline a medically necessary and realistic individual program with short and long-term goals. Cardiac rehabilitation services are designed to be an aftercare program which is covered for members recovering from:

- Myocardial Infarction in the last 12 months;
- Coronary artery bypass surgery;
- Coronary angioplasty with or without stent;
- Valve replacement/repair surgery;
- Stable chronic heart failure;
- Heart and heart/lung transplant and/or have;
 - Stable angina pectoris; or
 - Ventricular assistive device.

A physician must be immediately available for an emergency at all times when an exercise program is being conducted.

ND Medicaid will only cover cardiac rehabilitation services that are provided by a Medicare-approved cardiac rehabilitation program. Services must be considered reasonable and necessary. ND Medicaid will cover up to 36 sessions consisting typically of three sessions per week in a single 12-week period.

At least one of the following services must be included in a cardiac rehabilitation session and are not separately payable:

- A new patient comprehensive evaluation. The exam should include a history, physical, and an initial exercise prescription. If the exam has already been performed by the member's primary care provider, the medical record must support the need for a repeat examination including documenting that the exam rendered by the attending primary care provider is not acceptable to the cardiac rehab program director;
- A limited examination to adjust medication, treatment, or therapy;
- ECG rhythm strip with interpretation and revision of exercise therapy;
- Exercise therapy with continuous ECG telemetric monitoring (excludes physical therapy and occupational therapy); or

- Diagnostic and therapeutic services that are reasonable and necessary to perform cardiac rehabilitation services safely and effectively.

The following services, based on individualized medical needs, may be billed separately:

- Behavioral health services;
- Laboratory services that are not performed to monitor the member's cardiac condition and cardiac rehabilitation program progress;
- ECG stress tests – one is usually performed at the beginning of the program and after three months or at the completion of the program. Performance of these tests more frequently requires medical record documentation demonstrating medical necessity;
- Medical Nutritional Therapy (See Medical Nutrition Therapy in the [Preventive Services policy](#));
- Other services provided by a physician, nurse practitioner, physician assistant or clinical nurse specialist:
 - To provide medical care for diagnoses or conditions that are not a part of cardiac rehabilitation;
 - To interpret and report on ECG stress testing; and
 - To evaluate complications of cardiac rehabilitation.

SERVICE AUTHORIZATION REQUIREMENTS

No service authorization required.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

Non-covered Cardiac Rehabilitation Services include:

- Services provided absent Medicare approval of the cardiac rehabilitation program.
- Formal lectures and counseling on health education that are normally furnished by the attending physician following a member's acute cardiac episode.

- Physical therapy and occupational therapy when furnished in connection with a cardiac rehabilitation program - unless there is also a non-cardiac diagnosis requiring such therapy.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

CLAIM FORM

Professional services must be billed using the CMS 1500 claim form or 837p and institutional services must be billed using the UB04 claim form or 837i. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

CONTACT

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POLICY UPDATES

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Section	Summary
	Format updates and clarifications added throughout.