

**HACKETTSTOWN REGIONAL MEDICAL CENTER
CARDIO PULMONARY POLICY MANUAL
MEDICARE REIMBURSEMENT**

=====

Effective Date: March 2010

Cross Referenced:

Reviewed Date: 02/16

Revised Date: 02/16

Policy No: 5.008

Origin: Cardio Pulmonary

Authority: Cardio/Pulmonary Manager

Page: 1 of 1

Purpose: To comply with the guidelines outlined by the Federal Government (CMS) for Cardiac Rhythm Management.

Procedure: Medicare Frequency Guidelines are followed in accordance with the January 2009 guidelines for Cardiac Rhythm Management unless the patient's physician indicates an exception due to the patient's condition.

Initial assessment of patient is preformed with recording of B.P., observation of patient's general health, e.g., presence of edema of extremities, respiratory distress, condition of wound site and the patient and/or his family is given the opportunity to discuss any symptoms he or she is experiencing.

The patient is attached to the Optima System along with the specific manufacturer's device. The patient's presenting rhythm, magnet rate and threshold tests are then recorded. Diagnostic studies are recorded if the Pacemaker has that capability. Charges are made in amplitude and sensitivity if indicated. A final measurement of patient's rhythm is recorded and a print-out is then given to the patient for reference. The cardiologist is consulted prior to the patient leaving the Pacemaker Clinic if a significant problem or critical value has been detected. The Representative from the pacemaker company is also notified if the situation warrants. An update of the patient's chart is completed and the patient is made aware of their following visit.