

## Program Structure Cardiac Rehab

**Please Note: Cardiac Rehab is 100% telemedicine, and there are no in-person appointments.**

### Program

3 Days per Week (Monday, Wednesday, Friday): 1-hour sessions (via Zoom)

- Class times may vary based on patient skill level and availability
- Patients submit a **Daily Therapy Journal** each day – this allows their assigned clinician to continuously monitor their vitals even when they are not in class

### Patient Onboarding

- Patients have an initial Zoom consultation with their assigned clinician prior to starting 3 days/week cardiac rehab to discuss past medical history and establish a proper treatment plan\*\*
- Each patient receives a starter kit prior to starting cardiac rehab that contains the necessary equipment needed to participate in class and take their vitals at home – this will contain:
  - Pulse oximeter, exercise bands, pedometer
  - Blood pressure cuffs
  - Weight scale
  - Bluetooth ECG/EKG monitor: this device will allow both patients and LTV clinicians to monitor the real-time results and collect continuous data
  - *Living Well with Heart Disease: Workbook* (Heart Disease & Rehab, Healthy Eating, Exercise, Taking Medications, Managing Risk Factors and Emotional Health)

### Program Length

Our cardiac rehab program is 12 Weeks (36 Sessions):

- During the initial assessment, patients are given a tentative graduation date based on their starting date in cardiac rehab
- Upon graduating LTV cardiac rehab, patients have an exit interview with their assigned clinician where they will discuss ways they can continue exercising and staying active

### What Happens During Class?

In addition to exercise, our cardiac rehab program educates patients on proper diet and nutrition and teaches them basic stress management techniques.

LTV telemedicine cardiac rehab models the same structure each class:

- Check-in (blood pressure and heart rate check)
- Warm-up
- Main exercise
- Cool down
- Check-out (blood pressure and heart rate check)

\*\* Each patient will continue to have a monthly follow-up conference with their assigned clinician to assess their progress in cardiac rehab and establish new goals to accomplish during their time in our program

**Fax Completed Referral to 800-307-3523**

## Telemedicine Cardiac Rehabilitation Program Referral Form

Participant Information																									
Name: _____	DOB: _____																								
Phone: _____	Email: _____																								
Address: _____																									
City: _____	State: _____ Zip: _____																								
Primary Insurance #: _____	Secondary Insurance #: _____																								
To Be Completed by Physician																									
<p><b>1. ICD-10 Code MUST be included with diagnosis (Please check the appropriate box)</b></p> <p><input type="checkbox"/> <b>Admit to Cardiac Rehab Program – 36 sessions</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; padding: 2px;">Diagnosis</th> <th style="text-align: left; border-bottom: 1px solid black; padding: 2px;">ICD-10 Code</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> MI&gt;56 days</td><td>I25.2</td></tr> <tr><td><input type="checkbox"/> STEMI</td><td>I21.XX</td></tr> <tr><td><input type="checkbox"/> NSTEMI</td><td>I21.4</td></tr> <tr><td><input type="checkbox"/> CABG</td><td>Z95.1</td></tr> <tr><td><input type="checkbox"/> Stable Angina</td><td>I20.9</td></tr> <tr><td><input type="checkbox"/> PTCA/Stent</td><td>Z95.5</td></tr> <tr><td><input type="checkbox"/> Valve Repair/Replacement</td><td>Z95.2 (prosthetic)</td></tr> <tr><td><input type="checkbox"/> Valve Repair/Replacement</td><td>Z95.3 (porcine)</td></tr> <tr><td><input type="checkbox"/> Heart Transplant</td><td>Z94.1</td></tr> <tr><td><input type="checkbox"/> CHF</td><td>I50.9</td></tr> <tr><td><input type="checkbox"/> Other Heart Disease/Surgery</td><td>_____</td></tr> </tbody> </table> <p><b>**Please send a copy of the most recent office note with your referral</b></p>		Diagnosis	ICD-10 Code	<input type="checkbox"/> MI>56 days	I25.2	<input type="checkbox"/> STEMI	I21.XX	<input type="checkbox"/> NSTEMI	I21.4	<input type="checkbox"/> CABG	Z95.1	<input type="checkbox"/> Stable Angina	I20.9	<input type="checkbox"/> PTCA/Stent	Z95.5	<input type="checkbox"/> Valve Repair/Replacement	Z95.2 (prosthetic)	<input type="checkbox"/> Valve Repair/Replacement	Z95.3 (porcine)	<input type="checkbox"/> Heart Transplant	Z94.1	<input type="checkbox"/> CHF	I50.9	<input type="checkbox"/> Other Heart Disease/Surgery	_____
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<p>Physician Signature: _____ Date: _____</p> <p>Print Name: _____</p> <p>Phone: _____ Fax: _____</p>																									

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