CREDENTIALING/REcredentialing for CARDIAC STRESS TESTING (CST) 
AND/OR HOLTER MONITORING AS SPECIAL BILLABLE PROCEDURES
ADMINISTRATIVE PRACTICE GUIDELINE

PROVIDER TYPE: Primary care physicians (PCP)

SCOPE: Credentialing/recredentialing PCPs for special billable procedures

TARGET POPULATION: All members

OUTCOME/PROCESS INDICATOR(S):
• Compliance with one hundred percent (100%) of all mandatory indicators as listed in this
guideline and the appropriate sections of the Facility and Environment Guideline and
Accessibility and Availability Guideline for PCPs.

OPERATIONAL DEFINITION(S):
Special Billable Procedure—Any procedure not covered under the capitation payment received
by a PCP.
Primary Care Physicians (PCP)—A physician who supervises, coordinates and provides initial
care and medical services as a general or family care practitioner, an internist or a pediatrician.

GUIDELINE:
• Mandatory requirements that must be met for cardiac stress testing and/or holter monitoring
credentialing include:
  – **Hospital Requirement**: The PCP shall have hospital privileges for their specific area of
  practice expansion, if applicable.
  – **Training Program Requirement**, if no hospital privileges available:
    • Each PCP shall provide information on completing an approved training program for
      the procedure(s) requested;

    **OR**
    • Each PCP shall provide information on completing a formal CME (short course) and
      a subsequent clinical preceptorship with sufficient supervised experience resulting in
      a letter from the preceptor certifying competence.
  – Documentation of equipment maintenance logs must be present.
  – Treadmill and calibrated defibrillator or automated external defibrillator (AED) for
    cardiac stress testing, and holter monitor for holter monitoring services must be available
    on site.
• Additional mandatory requirements for cardiac stress testing include:
  – Documentation of current advanced cardiac life support (ACLS), by the American Heart Association® or the American Safety & Health Institute for the PCP.
  – Documentation of current basic cardiac life support (BLS), by the American Heart Association®, the American Red Cross, or the American Safety & Health Institute, for any assistant.
  – Written attestation of the PCP’s presence during the testing.
• The following are available in the office location at all times:
  Ambu bag
  Oral airways
  – Calibrated defibrillator or AED
  – Banyon kit, or:
    • Nitroglycerin
    • 50% glucose
    • Lidocaine
    • Atropine
    • Epinephrine
    • Chewable aspirin 325 mg
    • IV set-up
    • Oxygen and equipment
    • BP cuff and scope
  – Documentation of an informed consent.
• The PCP shall maintain reimbursement for cardiac stress testing and/or holter monitoring provided:
  – The requirements for credentialing are met upon recredentialing every three (3) years during the appropriate recredentialing cycle.
  – The appropriate billing form with all required information as requested on the form is submitted for reimbursement.
• The Credentialing Committee has the authority to sanction or rescind any PCP’s approval for the special billable procedures of cardiac stress testing and/or holter monitoring for quality-of-care concerns or credentialing issues.

METHODOLOGY:
• A Quality Management Nurse Analyst will either conduct an office site visit or request fax documentation to determine compliance when credentialing/recredentialing a PCP for cardiac stress testing and/or holter monitoring.
TOOL(S):

2013 PCP Specialist Site Visit Office Site Evaluation
Special Billable Procedure Credentialing/Recredentialing Site Visit Form

REFERENCES:
ACC/AHA 2002 Guideline Update for Exercise Testing
AHA Guidelines for Clinical Exercise Testing Laboratories, 1995
ACC/AHA Task Force “A Report of the American College of Cardiology/American Heart
Association Task Force on Assessment of Cardiovascular Procedures (Subcommittee on Exercise
ACC/AHA Clinical Competence Statement “American College of Cardiology/American Heart
Association/American College of Physicians-American Society of Internal Medicine Task Force
on Clinical Competence”, 2000
American Heart Association, American Heart Association Guidelines for CPR and ECC, 2005
American Red Cross, Health and Safety Services, CPR and AED courses, 2005
American Safety & Health Institute, Training Course and Program Standards, 2008
Recommendations for Clinical Exercise Laboratories: A Scientific Statement from the American
Heart Association, Circulation 2009

Application of Practice Guidelines
This practice guideline applies to the following companies:

First Priority Life Insurance Company®
HMO of Northeastern Pennsylvania (d/b/a First Priority Health)

APPROVAL:
Approved: Credentialing/Recredentialing Committee  07/21/99
           Credentialing/Recredentialing Committee  05/15/01
           Credentialing Committee (Format Changes)  09/17/02
           Credentialing Committee  01/21/03
           Credentialing Committee  01/18/05
           Credentialing Committee (Review and Format Changes)  01/16/07
           Credentialing Committee  07/17/07
           Credentialing Committee  01/15/08
           Credentialing Committee  03/18/08
           Credentialing Committee  11/17/09
           Credentialing Committee  08/16/11
           Credentialing Committee  08/20/13
           Credentialing Committee  03/18/14