Policy: MP080
Section: Medical Benefit Policy
Subject: Outpatient Cardiac Rehabilitation

I. Policy: Outpatient Cardiac Rehabilitation

II. Purpose/Objective:
To provide a policy of coverage regarding Outpatient Cardiac Rehabilitation

III. Responsibility:
A. Medical Directors
B. Medical Management Department

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community;
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:
(i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
DESCRIPTION:
Cardiac rehabilitation is a program designed to assist members in dealing with active heart disease. The goal is to recondition the cardiovascular system through exercise, education, counseling and behavioral change.

INDICATIONS: A cardiac rehabilitation program is medically necessary within 12 months of any of the following:
- Acute myocardial infarction
- Coronary bypass surgery
- Stable angina pectoris unresponsive to medical therapy which prevents the patient from functioning optimally to meet domestic or occupational needs
- Percutaneous Transluminal Coronary Angioplasty or coronary stenting
- Cardiac valve replacement/ repair
- Class III or IV congestive heart failure unresponsive to medical therapy
- Heart or heart-lung transplant

Medicare and Medicaid Business Segments Only:
Cardiac rehabilitation is also covered for stable chronic heart failure.

Intensive Cardiac rehabilitation sessions are limited to 72 one hour sessions, up to 6 sessions per day for up to 18 weeks.

The Centers for Medicare and Medicaid Services (CMS) has determined that the Ornish Program for Reversing Heart Disease meets the intensive cardiac rehabilitation (ICR) program requirements.

Additional indications may be considered when reviewed and approved by a Plan Medical Director

LIMITATIONS:
Outpatient cardiac rehab is limited to a maximum of 36 dates of service per calendar year when provided by a participating provider.

Medicaid Business Segment. Any services beyond 36 per calendar year would require Medical Director review and would be covered if medically necessary.

EXCLUSIONS:
Maintenance therapy, also known as Phase III cardiac rehab, is NOT COVERED.

There is insufficient published peer reviewed medical literature to support the efficacy of the Ornish Cardiac Treatment Program. For all lines of business except Medicare and Medicaid, the Ornish Cardiac Treatment Program is considered experimental, investigational or unproven. The benefit for Medicare and Medicaid members will be in accordance to CMS mandated coverage as outlined in the current version of National Coverage Determination 20.10

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CARDIAC REHAB EXIT CRITERIA
Alterations from the 36 visits program may be recommended by the cardiac rehab provider or the ordering provider for any of the following reasons:
A. Non-compliance defined for the purposes of this policy to mean:
   1. Irregular attendance that would preclude obtaining the prescribed benefits of the program
   2. Non-contact for a period exceeding two weeks; or
B. Return to work that precludes continued regular participation; or
C. Demonstration of adequate knowledge of disease management, exemplary functional capacity for age, and ability to safely exercise on own, or
D. Prolonged absence from the program due to vacations or seasonal relocations
Members may attend on a less frequent basis than the usually prescribed three times per week as determined by the insured individual’s level of cardiac risk.

**CODING ASSOCIATED WITH: Cardiac Rehabilitation**

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93797</td>
<td>Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
</tr>
<tr>
<td>93798</td>
<td>with continuous ECG monitoring (per session)</td>
</tr>
<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation, with or without continuous ECG monitoring, with exercise, per session</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation, with or without continuous ECG monitoring, without exercise, per session</td>
</tr>
<tr>
<td>S9472</td>
<td>Cardiac rehabilitation program, non-physician provider, per diem</td>
</tr>
</tbody>
</table>


**LINE OF BUSINESS:**

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

**REFERENCES:**

Cardiac Rehabilitation, Cochran Library Database, [http://www.cochranelibrary.com](http://www.cochranelibrary.com)


Centers for Medicare & Medicaid Services (CMS). Decision Memo for Cardiac Rehabilitation (CR) Programs-Chronic Heart Failure (CAG-00437N). 2/18/2014


This policy will be revised as necessary and reviewed no less than annually.

Devised: 9/99

Revised: 10/02, 7/03 (Reverse prior auth requirement); 8/04 (clarification of limitations); 8/05 (clarification of exit criteria), 9/10 (coding), 9/14 (added Medicare criteria); 8/17 (clarified limited Ornish Cardiac program coverage)

Reviewed: 8/07, 9/08, 9/09, 8/11, 8/12, 8/13, 9/15, 9/16