

**Policy: MP080**

**Section: Medical Benefit Policy**

**Subject: Outpatient Cardiac Rehabilitation and Intensive Cardiac Rehabilitation**

### Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

**I. Policy:** Outpatient Cardiac Rehabilitation and Intensive Cardiac Rehabilitation

### II. Purpose/Objective:

To provide a policy of coverage regarding Outpatient Cardiac Rehabilitation and Intensive 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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.

- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

**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.

**Cardiac Rehabilitation**

**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

Outpatient cardiac rehab is limited to a maximum of 36 dates of service per event per calendar year.

**Intensive Cardiac Rehabilitation**

- Intensive Cardiac Rehabilitation (ICR) sessions are limited to 72 one-hour sessions, up to 6 sessions per day for up to 18 weeks.

**Medicare and Medicaid Business Segments:**

[eCFR :: 42 CFR 410.49 -- Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage.](#)

- In addition to the conditions listed in the Indications section, cardiac rehabilitation is also covered for stable chronic heart failure.
- Intensive Cardiac Rehabilitation (ICR) sessions are limited to 72 one-hour sessions, up to 6 sessions per day for up to 18 weeks.
- The following programs have received approval from Medicare as a component of ICR:
  - The Ornish Program for Reversing Heart Disease
  - The Pritikin Program
  - The Benson-Henry Institute Cardiac Wellness Program
- Additional indications may be considered when reviewed and approved by a Plan Medical Director

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

**LIMITATIONS:**

Cardiac Rehab and Intensive Cardiac Rehab are not considered interchangeable and members cannot be reassigned mid-therapy cycle. Members must be assigned to one or the other upon submission of the requesting provider's order.

**EXCLUSIONS:**

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

**Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

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 and Intensive 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.**

93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798 with continuous ECG monitoring (per session)

G0422 Intensive cardiac rehabilitation, with or without continuous ECG monitoring, with exercise, per session

G0423 Intensive cardiac rehabilitation, with or without continuous ECG monitoring, without exercise, per session

S9472 Cardiac rehabilitation program, non-physician provider, per diem

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

## 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:

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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) 7/23 (clarify ICR coverage)

**Reviewed:** 8/07, 9/08, 9/09, 8/11, 8/12, 8/13, 9/15, 9/16, 8/18, 8/19, 8/20, 8/21, 8/22

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health

Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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