

Evidence Based Guideline

Cardiac Rehabilitation

File Name: cardiac_rehabilitation
Origination: 6/1996
Last CAP Review: 11/2003
Next CAP Review: 10/2012
Last Review: 4/2012

Description of Procedure or Service

Cardiac rehabilitation is a comprehensive program involving medical evaluation, prescribed exercise, cardiac risk factor modification, education and counseling. These programs are designed to recondition the cardiovascular system and limit the physiologic and psychological effects of cardiac illness, reduce the risk for sudden death or re-infarction, control cardiac symptoms, stabilize or reverse the atherosclerotic process, and enhance the psychosocial and vocational status of selected patients. It is used to assist patients in dealing with active heart disease and must be performed in a participating facility with a cardiac rehabilitation program that is certified under the North Carolina Rehabilitation Plan.

*****Note: This Evidence Based Guideline is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Evidence Based Guideline for Cardiac Rehabilitation

Outpatient cardiac rehabilitation programs are considered appropriate for patients with a history of the following conditions and procedures:

- acute myocardial infarction (MI) (heart attack) within the preceding 12 months;
- coronary artery bypass graft (CABG) surgery;
- percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;
- heart valve surgery;
- heart or heart-lung transplantation;
- current stable angina pectoris; and
- compensated heart failure.

The following components are recommended in cardiac rehabilitation programs:

- Physician-prescribed exercise each day cardiac rehabilitation services are provided;
- Cardiac risk factor modification;
- Psychosocial assessment;
- Outcomes assessment; and
- Individualized treatment plan detailing how each of the above components are utilized.

Programs should start within 90 days of the cardiac event and be completed within 6 months of the cardiac event.

A comprehensive evaluation may be performed prior to initiation of cardiac rehabilitation to evaluate the

Cardiac Rehabilitation

patient and determine an appropriate exercise program. In addition to a medical examination, an electrocardiogram (EKG) stress test may be performed. An additional stress test may be performed at the completion of the program.

Physical and /or occupational therapy are not recommended in conjunction with cardiac rehabilitation unless performed for an unrelated diagnosis.

Medical Evidence regarding Cardiac Rehabilitation indicates it is not recommended in the following situations:

Repeat participation in an outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event is not recommended. Published medical evidence is insufficient to support repeat participation in cardiac rehabilitation programs.

Benefits Application

This evidence based guideline relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this guideline.

Services should be provided by a participating facility with a cardiac rehabilitation program that is certified under the North Carolina Rehabilitation Plan.

Billing/Coding/Physician Documentation Information

This guideline may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 93797, 93798

Scientific Background and Reference Sources

11/27/95 TEC Bulletin

10/95 AHCPR (Agency for Health Care Policy and Research) manual 60-1A

5/97 BCBSA Medical Policy Reference Manual

Specialty Matched Consultant Advisory Panel 11/1999

Medical Policy Advisory Group 12/2/1999

Specialty Matched Consultant Advisory Group - 12/2001

Cardiac Rehabilitation

BCBSA Medical Policy Reference Manual. 8.03.08, 7/12/02

Specialty Matched Consultant Advisory Panel - 11/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.08, 10/9/03

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.08, 6/9/11

Policy Implementation/Update Information

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| 6/96 | Original policy issued. |
| 8/96 | Revised: updated list of covered indications by adding PTCA and by removing hypertension and arrhythmias. Guidelines from AHCPR. |
| 10/96 | Revised: Updated policy to state that if services extend beyond the initial 30 days, a review for medical necessity is requested. |
| 4/99 | Revised with criterion added including demonstrated functional capacity of 8 METS by exercise tolerance testing, timeframes established for acute and chronic eligibility, guidelines for non-coverage based on hypertension and tachycardia levels. Diagnoses for exclusion as follows added to policy: unstable angina pectoris, untreated 3rd degree heart block, recent pulmonary embolism or thrombophlebitis, functional capacity of 8 METS or more on exercise tolerance testing, resting systolic hypertension greater than 200 mm Hg., resting diastolic hypertension greater than 100 mm. Hg., severe aortic stenosis, active pericarditis or myocarditis, debilitating non-cardiac disease such as renal failure or anemia, orthopedic impediments to exercise, uncontrolled diabetes mellitus, uncontrolled atrial or ventricular arrhythmias, uncontrolled tachycardia (greater than 100 beats/min), asymptomatic congestive heart failure. Policy reformatted. |
| 12/99 | Reaffirmed, Medical Policy Advisory Group |
| 10/00 | System coding changes. |
| 12/01 | Specialty Matched Consultant Advisory Group review. No changes to criteria of the policy. Coding format change. |
| 11/03 | Biannual policy review. Specialty Matched Consultant Advisory Panel review. No changes to criteria of the policy. Format changes for consistency. Policy status change to "Active policy, no longer scheduled for routine literature review." |
| 3/3/05 | Added statement, "... or therapeutic procedure (e.g., stent, re-stenting)" to first criterion in When Cardiac rehabilitation is covered section. |
| 10/2/06 | Medical Policy reformatted and changed to Evidence Based Guideline. (adn) |
| 6/22/10 | Policy Guideline Number(s) removed (amw) |
| 5/1/12 | Evidence Based Guideline changed to active status and will undergo routine literature review. Guidelines updated. References updated. Information regarding visit limitations removed. Medical Director review 4/2012. (mco) |

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber

Cardiac Rehabilitation

certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.