Cardiac Rehabilitation

Origination: June 30, 1988  
Review Date: July 20, 2016  
Next Review: July, 2018

DESCRIPTION OF PROCEDURE OR SERVICE
Cardiac rehabilitation (CR) is a program to improve function of the cardiovascular system through a process of exercise, education and risk reduction strategies. The goal of CR programs is to optimize physical, psychological, social, and vocational function of cardiac disease patients with the use of physical conditioning, identification and treatment of risk factors, education and reinforcement of healthy behaviors. Cardiac rehabilitation consists of 36 visits. Prior approval is required for an additional 36 visits.

POLICY STATEMENT
Coverage will be provided for an additional 36 visits of CR when it is determined to be medically necessary, as outlined in the guidelines and medical criteria below.

BENEFIT APPLICATION
Please refer to the member's individual Evidence of Coverage (EOC) for benefit determination. Coverage will be approved according to the EOC limitations, if the criteria are met.

Coverage decisions will be made in accordance with:
- The Centers for Medicare & Medicaid Services (CMS) national coverage decisions;
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member's particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

CRITERIA REQUIRED FOR COVERAGE APPROVAL OF AN ADDITIONAL 36 VISITS:

A. Preauthorization by the Plan;  
AND
B. The member must be evaluated at the end of the first 36 visits by the PCP or a cardiologist;

AND

C. Documentation of the following criteria: 1 and 2 OR 3:

1. If a significant intercurrent illness or commorbidity occurred during the 1st 36 sessions;

AND

2. The member has not met exit criteria given below per diagnosis:
   a. The member’s “qualifying event” to start cardiac rehab (ischemic heart disease; myocardial infarction; percutaneous transluminal coronary angioplasty; coronary artery bypass graft; stent; or angina under stress testing) does not demonstrate significant ischemia or dysrhythmia under repeat testing OR achieves a stable level of exercise tolerance (7 Metabolic equivalent units (METS) which is normal) for discharge; OR
   b. If the qualifying event was a heart valve repair or replacement, the member must have achieved a stable level of exercise tolerance. (7 METS); OR
   c. If the qualifying event was a heart /lung transplant and the member has a peak oxygen consumption (VO2) or greater than 90 percent of predicted;
   d. If the qualifying event was congestive heart failure, then the member met care plan goals assessed at admission.

OR

3. A NEW SERIES of CR after a NEW intervening event listed below occurs:
   i. A diagnosis of acute myocardial infarction within the preceding twelve (12) months; or
   ii. Previous coronary bypass surgery; or
   iii. Previous percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
   iv. Stable angina pectoris; or
   v. Previous heart valve repair or replacement; or
   vi. History of previous heart or heart-lung transplant; or
   vii. Congestive heart failure (NYHA Classification II-IV.

WHEN COVERAGE WILL NOT BE APPROVED
For any cardiac indication not specifically identified above.
Any member with unstable angina.
Acute congestive heart failure is not a covered condition of cardiac rehabilitation.
BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION
This policy may apply to the following codes. Inclusion of a code in this section does not guarantee reimbursement.

Applicable codes: 93797, 93798

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

SPECIAL NOTES
• Stable heart failure patients are those who have not had any recent or planned, major cardiovascular hospitalizations or procedures;
• Classes of Heart Failure:
  Doctors classify heart failure according to the severity of the symptoms.
  The New York Heart Association (NYHA) Functional Classification:

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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>Stage II</td>
<td>Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea.</td>
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<tr>
<td>Stage III</td>
<td>Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea.</td>
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<tr>
<td>Stage IV</td>
<td>Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.</td>
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References
1. National Coverage Determination; Cardiac Rehabilitation; Section 20.10; Effective Date 03/22/2006; viewed online at www.cms.gov; viewed on 05/15/2014.
2. National Coverage Determination; Intensive Cardiac Rehabilitation; Section 20.31; Effective on 08/12/2010; viewed online at www.cms.gov; Viewed on 05/15/2014.
3. Medicare Claims Processing Manual; Chapter 32 Billing Requirements for Special Services, Section 140.2-140.3.1; (rev.1974, issued 5/21/10) Effective date 1/1/10; Accessed via Internet site www.cms.gov; Viewed online on 04/08/2014.
4. CMS Decision Memo for Cardiac Rehabilitation (CR) Programs-Chronic Heart Failure (CAG-00437N) viewed online 03/30/14 at www.cms.gov; viewed on 05/15/2014.
6. American Heart Association; Classes of Heart Failure; NYHA Functional Classification table 2016; viewed online at www.heart.org on 06/29/2016.

Policy Implementation/Update Information:
Revision Date: May 19, 1998; August 16, 2001; September 5, 2001; September 18, 2001; February 23, 2005, November 30, 2006; September 21, 2009; October 2012 - no criteria changes.
Revision Date: 03/03/2014; added Stable Heart Failure to the criteria.
Revision Date: 06/18/2014: Edited policy to list criteria for additional cardiac rehab visits after the initial 36 visits have occurred; added congestive heart failure, as this indication was recently approved by a Medicare coverage determination. October 29, 2015 updated LCD due to ICD-10 update only.
Revision Date: 07/20/2016: Non-Coverage Indications: added “Acute congestive heart failure is not a covered condition of cardiac rehabilitation.”; Coding Section: Removed G0422, G0423; Special Notes: Removed G0422, G0423 and verbage (No facilities currently listed at the time of this policy revision).

Approval Dates:
Medical Coverage Policy Committee: July 20, 2016

Policy Owner: Carolyn Wisecarver, RN, BSN,
Medical Policy Coordinator