



**EFFECTIVE DATE:** 02|01|2009

**POLICY LAST UPDATED:** 08|06|2019

## OVERVIEW

Cardiac rehabilitation refers to comprehensive medically supervised programs in the outpatient setting that aim to improve the function of patients with heart disease and prevent future cardiac events.

## MEDICAL CRITERIA

Not applicable

## PRIOR AUTHORIZATION

Not applicable

## POLICY STATEMENT

### BlueCHiP for Medicare

Cardiac rehabilitation services and intensive cardiac rehabilitation services are covered.

### Commercial Products

Cardiac rehabilitation services are covered for 36 visits or 18 weeks. Typically, cardiac rehabilitation programs should start within 90 days of the cardiac event.

Benefit is limited per episode. See specific subscriber agreement; there is no extended coverage per episode.

Maintenance programs that follow the initial rehabilitation program are not covered for all products.

### BlueCHiP for Medicare and Commercial

Education services, defined as counseling on diet, nutrition, lipid levels, stress management, and lifestyle changes (including daily exercise), are included as part of the cardiac rehabilitation program and are not reimbursed as a separate component and are not separately reimbursed for all products.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement, for the applicable Cardiac Rehabilitation benefits/coverage.

## BACKGROUND

Heart disease is the leading cause of mortality in the United States, causing more than half of all deaths. Coronary artery disease (CAD) is the most common cause of heart disease. In the most recently updated (2015) report on heart disease and stroke statistics from the American Heart Association, it was estimated that an estimated 635,000 Americans have a new coronary attack (first hospitalized myocardial infarction or coronary heart disease death) and 300,000 have a recurrent attack annually. Both CAD and various other disorders, structural heart disease and other genetic, metabolic, endocrine, toxic, inflammatory, and infectious causes can lead to the clinical syndrome of heart failure, of which there are about 650,000 new cases in the U.S. annually. Given the burden of heart disease, preventing secondary cardiac events and treating the symptoms of heart disease and heart failure have received much attention from national organizations.

In 1995, the U.S. Public Health Service (USPHS) defined cardiac rehabilitation services as, in part, “comprehensive, long-term programs involving medical evaluation, prescribed exercise, cardiac risk factor

modification, education, and counseling. These programs are designed to limit the physiologic and psychological effects of cardiac illness, reduce the risk for sudden death or reinfarction, control cardiac symptoms, stabilize or reverse the atherosclerotic process, and enhance the psychosocial and vocational status of selected patients.” This USPHS guideline recommended cardiac rehabilitation services for patients with coronary heart disease and with heart failure, including those awaiting or following cardiac transplantation. A 2010 definition of cardiac rehabilitation by the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation is as follows: “Cardiac rehabilitation can be viewed as the clinical application of preventive care by means of a professional multi-disciplinary integrated approach for comprehensive risk reduction and global long-term care of cardiac patients.” Since the release of the USPHS guideline, other societies, including the American Heart Association and the Heart Failure Society of America have developed guidelines about the role of cardiac rehabilitation in patient care.

Intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. As required by §1861(eee)(4)(A) of the Social Security Act (the Act), an ICR program must show, in peer-reviewed published research, that it accomplished one or more of the following for its patients: (1) positively affected the progression of coronary heart disease; (2) reduced the need for coronary bypass surgery; and, (3) reduced the need for percutaneous coronary interventions. The ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services: (1) low density lipoprotein; (2) triglycerides; (3) body mass index; (4) systolic blood pressure; (5) diastolic blood pressure; and, (6) the need for cholesterol, blood pressure, and diabetes medications. Individual ICR programs must be approved through the national coverage determination process to ensure that they demonstrate these accomplishments. CMS has determined that the Ornish Program for Reversing Heart Disease, the Pritikin Program and the Benson-Henry Institute Cardiac Wellness Program each meet the ICR program requirements.

Cardiac rehabilitation services are typically for patients who have had the following:

- An acute myocardial infarction within the preceding 12 months; or
- Coronary artery bypass surgery; or
- Current stable angina pectoris; or
- Heart valve repair or replacement; or
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
- A heart or heart-lung transplant, or
- Stable, chronic heart failure, as defined below\*

\*Effective for dates of service on and after February 18, 2014, the Centers for Medicare and Medicaid Services (CMS) has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR §410.49(b)(1)(vii) to beneficiaries with stable, chronic heart failure, defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable patients are defined as patients who have not had recent (< or equal to 6 weeks) or planned (< or equal to 6 months) major cardiovascular hospitalizations or procedures.

If the member has participated in cardiac rehabilitation in the past, a new cardiac episode as defined above, or a change in one of the conditions listed would be required to qualify for an additional series of cardiac rehabilitation, e.g., a stable congestive heart failure (CHF) patient who experiences decompensation would again meet the criteria for cardiac rehabilitation once stable and able to tolerate the rehabilitation.

## **CODING**

### **BlueCHiP for Medicare:**

The following CPT codes are covered:

- 93797** Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
- 93798** Physician or other qualified health care professional services for outpatient cardiac rehabilitation; 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

### **Commercial Products:**

The following CPT codes are covered for all cardiac rehabilitation programs including intensive cardiac rehabilitation programs:

- 93797** Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
- 93798** Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

The following HCPCS codes are not applicable for Commercial claims. Claims for intensive cardiac rehabilitation programs must be filed with one of the CPT codes above:

- 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

### **BlueCHiP for Medicare and Commercial Products:**

The following CPT code is not separately reimbursed:

- 99078** Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)

## **RELATED POLICIES**

None

## **PUBLISHED**

Provider Update, October 2019  
Provider Update, February 2019  
Provider Update, July 2017  
Provider Update, May 2016  
Provider Update, November 2014  
Provider Update, May 2013  
Provider Update, May 2012

## **REFERENCES**

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