Blue Cross Blue Shield of Rhode Island

EFFECTIVE DATE: 05|25|2017
POLICY LAST UPDATED: 04|17|2018

OVERVIEW

Peripheral arterial disease (PAD) is a common chronic cardiovascular condition that affects the lower extremities and can substantially limit daily activities and quality of life. Lifestyle interventions, including smoking cessation, diet modification, regular physical activity, and pharmacotherapy, are often prescribed to treat patients with PAD.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Effective for services performed on or after May 25, 2017, the Center for Medicare and Medicaid Services (CMS) has determined that the evidence is sufficient to cover supervised exercise therapy (SET) for members with intermittent claudication (IC) for the treatment of symptomatic peripheral artery disease (PAD). Therefore, these services will be covered when rendered as part of a supervised exercise therapy (SET) program.

Commercial Products

Peripheral arterial disease rehabilitative exercise is considered not medically necessary as there is insufficient peer reviewed, scientifically controlled studies in the literature which demonstrate the superior outcomes of such programs over exercise without supervision.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

BACKGROUND

Peripheral vascular rehabilitative physical exercise consists of a series of sessions, lasting 45 to 60 minutes per session, involving use of either a motorized treadmill or a track to permit the patient to achieve symptom-limited claudication. Each session is supervised on a one-on-one basis by an exercise physiologist, physical therapist, or nurse. The supervising provider monitors the individual patients claudication threshold and other cardiovascular limitations for adjustment of workload. During this supervised rehabilitation program, the development of new arrhythmias, symptoms that might suggest angina, or the continued inability of the patient to progress to an adequate level of exercise may require physician review and examination of the patient.

Both physical activity and medications are used to treat peripheral vascular disease. Vascular specialists agree that long daily walks are the best treatment for people with intermittent claudication, thereby increasing the distance of pain-free walking through the development of collateral circulation. Patients whose legs hurt

during physical activity often find it hard to follow a walking program. For this reason, the cardiac rehabilitation departments of some hospitals have created supervised exercise programs that offer support and encouragement. These peripheral vascular rehabilitation programs are geared to patients with various peripheral vascular disorders, including post-surgical patients (e.g., peripheral angioplasty, peripheral arterial bypass, stent) and patients with peripheral arterial disease who are not candidates for surgery. Services are provided by a multi-disciplinary team, which includes nurses, physical therapists and physicians. The usual duration of the program is 3 times a week for 12 weeks (36 visits). The goal of treatment is to improve endurance and decrease symptoms.

Peripheral artery disease rehabilitation is considered not medically necessary because there is insufficient peer-reviewed scientific literature that demonstrates the procedure/service is effective.

Blue CHiP for Medicare

Research has shown Supervised Exercise Therapy (SET) to be an effective, minimally invasive method to alleviate the most common symptom associated with PAD – intermittent claudication. SET has been shown to be significantly more effective than unsupervised exercise, and could prevent the progression of PAD and lower the risk of cardiovascular events that are prevalent in these patients. SET has also been shown to perform at least as well as more invasive revascularization treatment, which is covered by Medicare.

Up to 36 sessions over a 12 week period are covered if all of the following components of a SET program are met:

The SET program must:

- consist of sessions lasting 30-60 minutes comprising a therapeutic exercise-training program for PAD in patients with claudication;
- be conducted in a hospital outpatient setting or a physician's office;
- be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD; and
- be under the direct supervision of a physician (as defined in 1861(r)(1)), physician assistant, or nurse practitioner/clinical nurse specialist (as identified in 1861(aa)(5)) who must be trained in both basic and advanced life support techniques.

Medicare Administrative Contractors (MACs) have the discretion to cover SET beyond 36 sessions over 12 weeks and may cover an additional 36 sessions over an extended period of time. A second referral is required for these additional sessions.

COVERAGE

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CODING

The following CPT code is covered for BlueCHiP for Medicare and is considered not medically necessary for Commercial products.
93668 Peripheral arterial disease (PAD) rehabilitation, per session

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, June 2018

Provider Update, August 2017
Provider Update, December 2016
Provider Update, January 2016
Provider Update, January 2015
Provider Update, September 2013
Provider Update, May 2012

REFERENCES

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2. Vernooij JW, Kaasjager HA, van der Graaf Y, et al; SMARTStudy Group. Internet based vascular risk factor management for patients with clinically manifest vascular disease: Randomised controlled trial. BMJ. 2012;344:e3750.
3. Saxton JM, Zwierska I, Blagojevic M, et al. Upper- versus lower-limb aerobic exercise training on health-related quality of life in patients with symptomatic peripheral arterial disease. J Vasc Surg. 2011;53(5):1265-1273.
4. Fakhry F, Spronk S, de Ridder M, et al. Long-term effects of structured home-based exercise program on functional capacity and quality of life in patients with intermittent claudication. Arch Phys Med Rehabil. 2011;92 (7):1066-1073.
5. Franz RW, Garwick T, Haldeman K. Initial results of a 12-week, institutionbased, supervised exercise rehabilitation program for the management of peripheral arterial disease. Vascular. 2010;18(6):325-335.
6. Banerjee A, Fowkes FG, Rothwell PM. Associations between peripheral artery disease and ischemic stroke: Implications for primary and secondary prevention. Stroke. 2010;41(9):2102-2107.
7. Centers for Medicare and Medicaid Services (CMS), Decision Memo for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (CAG-00449N) https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=287 Last updated April 5, 2018

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