Medical Coverage Policy

Cardiac Rehabilitation

☐ Device/Equipment  ☑ Drug  ☑ Medical  ☐ Surgery  ☐ Test  ☐ Other

| Effective Date: | 2/1/2009 | Policy Last Updated: | 3/20/2012 |

☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☒ Prospective review is not required.

Description:
Cardiovascular disease affects more than one of every five persons in the United States\(^1\) and is the leading cause of morbidity and mortality in the United States, responsible for 35.3 percent of all deaths.\(^2\) Coronary artery disease (CAD) is the leading cause of premature, permanent disability in the United States.\(^1\) The morbidity and subsequent disability from cardiovascular disease has far-reaching medical and socioeconomic implications. Cardiac rehabilitation is an important component of a comprehensive care plan for patients with cardiovascular disease.

The United States Public Health Service defines cardiac rehabilitation as "comprehensive, long-term programs involving medical evaluation, prescribed exercise, cardiac risk factor modification, education, and counseling."\(^2\) The goal of cardiac rehabilitation is to prevent disability resulting from coronary disease and to prevent subsequent coronary events, subsequent hospitalization, and death from cardiac causes through a program of prescribed exercise and interventions designed to reduce coronary risk factors, including drug therapy.\(^3\) The targeted outcomes of cardiac rehabilitation include improvement of the patient’s exercise capacity and exercise habits; improvement in blood lipid and lipoprotein levels, body weight, blood glucose and blood pressure levels; and smoking cessation, as applicable. Patients generally receive two to three sessions per week for 12 to 18 weeks.

Outpatient cardiac rehabilitation programs may be provided by hospitals or physician-directed clinics. A program should be structured and located at a facility that meets accrediting standards by Medicare or the Joint Commission of Accreditation of Health Care Organizations (JCAHO) for a hospital outpatient department or physician-directed clinic.
Medical Criteria:

**BlueCHiP for Medicare only:**
Coverage for continued participation in cardiac rehabilitation beyond 12 weeks, but may not exceed a maximum of 36 weeks or 72 visits, will be allowed only on a case-by-case basis with exit criteria taken into consideration.

Exit criteria must include numbers 1, 2, and either 3 OR 4 of the following:
1. Patient has achieved a stable level of exercise tolerance without ischemia or dysrhythmia; **and**
2. Symptoms of angina or dyspnea are stable at the patient's maximum exercise level; **and**
3. Patient's resting blood pressure and heart rate are within normal limits; **OR**
4. The stress test is not positive during exercise.

**Policy:**
Cardiac rehabilitation is covered **per cardiac episode** (acute myocardial infarction, stable angina, chronic heart failure, cardiac transplant, coronary revascularization, coronary artery bypass surgery, coronary stenting, transmyocardial laser revascularization, valve repair or replacement) for all product lines including BlueCHiP for Medicare.

*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 rehab, e.g., a stable CHF patient who experiences decompensation would again meet the criteria for cardiac rehabilitation once stable and able to tolerate the rehab.

Cardiac rehabilitation services in excess of 36 visits, or 18 weeks from the first cardiac rehabilitation visit are a **covered benefit for BlueCHiP for Medicare only**.

The standard cardiac rehabilitation program permits coverage for 36 visits or 12 weeks, whichever comes first. In an effort to accommodate variations in schedules (holidays, illness) that may require more than 12 weeks to complete 36 visits, the time period for completion is extended to 18 weeks. Programs should start within 90 days of the cardiac event and be completed within 6 months of the cardiac event.

Intensive cardiac rehabilitation may be covered for BlueCHiP for Medicare members who meet the same eligibility criteria as standard cardiac rehabilitation, and intensive cardiac rehabilitation programs must include the same components. Intensive cardiac rehabilitation sessions are limited to 72 1-hour sessions, up to 6 session per day, over a period of up to 18 weeks.

Varying limitations to the number of visits or weeks for the program exist among the different products. **Members and providers are encouraged to contact Customer Service to verify coverage limitations.**
Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for the applicable Cardiac Rehabilitation benefits/coverage.

Services not covered:
• Maintenance programs that follow the initial rehabilitation program.

Services not separately reimbursed:
• 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.

Coding:
The following CPT codes are covered:
93797 93798

The following codes are covered for BlueCHiP for Medicare members only:
G0422 (Intensive cardiac rehabilitation; with or without continuous ECG monitoring, with exercise, per hour, per session)
G0423 (Intensive cardiac rehabilitation; with or without continuous ECG monitoring, without exercise, per hour, per session)

The following CPT code is not separately reimbursed:
99078

The accredited facilities, both in-state and out-of-state, are assigned specific accreditation codes to designate that they are certified providers. Without an approved assigned accreditation code, the claims will deny as non-accredited provider.

Also known as:
Cardiac exercise training
Cardiac training
Cardiovascular rehabilitation

Related topic:
Not applicable

Published:
Policy Update, Nov 2000
Policy Update, Aug 2001
Policy Update, Dec 2007
Provider Update, Oct 2008
Provider Update, Oct 2009
Provider Update, Jul 2011
Provider Update, May 2012

References:


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