



EFFECTIVE DATE: 02/01/2009
POLICY LAST UPDATED: 09/16/2014

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.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare

Cardiac rehabilitation services and Intensive cardiac rehabilitation services are covered.

Commercial

Cardiac rehabilitation services are covered 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. It is preferable that programs should start within 90 days of the cardiac event and be completed within 6 months of the cardiac event.

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

MEDICAL CRITERIA

None

BACKGROUND

Heart disease is the leading cause of mortality in the U.S., causing more than half of all deaths. Coronary artery disease (CAD) is the most common cause of heart disease. Annually, it is estimated that 785,000 Americans suffer a new myocardial infarction (MI), and 470,000 have a recurrent MI.(1) In addition, CAD can lead to the clinical syndrome of heart failure, which occurs in about 650,000 new cases in the U.S. annually.(2) Heart failure may be secondary to or coexist with CAD, but can also be related to structural heart disease and other genetic, metabolic, endocrine, toxic, inflammatory, and infectious causes. Given the disease 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.”(3) 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.”(4) Since the release of the

USPHS guideline, other societies, including the American Heart Association(5) and the Heart Failure Society of America(6) have developed guidelines about the role of cardiac rehabilitation in patient care.

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.

BlueCHiP for Medicare

Cardiac rehabilitation services are covered for BlueCHiP for Medicare members for patients who have had the following:

- An acute myocardial infarction within the preceding 12 months; or
- A 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
- Chronic heart failure, as defined below*

*Effective for dates of service on and after February 18, 2014, 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 (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalizations or procedures.

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 sessions per day, over a period of up to 18 weeks.

CMS allows coverage for continued participation in cardiac rehabilitation beyond 12 weeks, but not to exceed a maximum of 36 weeks or 72 visits on a case-by-case basis and only upon consideration of the following exit criteria.

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.

Commercial products

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)

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

COVERAGE

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

CODING

BlueCHiP for Medicare and Commercial

The following CPT codes are covered:

93797 **93798**

The following CPT code is not separately reimbursed:

99078

The following codes are covered for BlueCHiP for Medicare members only:

G0422 **G0423**

RELATED POLICIES

None

PUBLISHED

Provider Update Nov 2014

Provider Update May 2013

Provider Update May 2012

Provider Update Jul 2011

Provider Update Oct 2009

Provider Update Oct 2008

Policy Update Dec 2007

REFERENCES

1. Balady GJ, Ades PA, Bittner VA et al. Referral, Enrollment, and Delivery of Cardiac Rehabilitation/Secondary Prevention Programs at Clinical Centers and Beyond: A Presidential Advisory From the American Heart Association. *Circulation* 2011; 124(25):2951-60.
2. Yancy CW, Jessup M, Bozkurt B et al. 2013 ACCF/AHA guideline for the management of heart failure: executive summary: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. *Circulation* 2013; 128(16):1810-52.
3. Wegner NK, Froelicher ES, Smith LK. Cardiac Rehabilitation, Clinical Practice Guideline No. 17. US Dept of Health and Human Services AHCPR Publication No 96-0672 1995.
4. Corra U, Piepoli MF, Carre F et al. Secondary prevention through cardiac rehabilitation: physical activity counselling and exercise training: key components of the position paper from the Cardiac Rehabilitation Section of the European Association of Cardiovascular Prevention and Rehabilitation. *Eur Heart J* 2010; 31(16):1967-74.
5. Leon AS, Franklin BA, Costa F et al. Cardiac Rehabilitation and Secondary Prevention of Coronary Heart Disease: An American Heart Association Scientific Statement From the Council on Clinical Cardiology (Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention) and the Council on Nutrition, Physical Activity, and Metabolism (Subcommittee on Physical Activity), in Collaboration With the American Association of Cardiovascular and Pulmonary Rehabilitation. *Circulation* 2005; 111(3):369-76.

6. Heart Failure Society of America. Executive Summary: HFSA 2010 Comprehensive Heart Failure Practice Guideline. J Card Fail 2010; 16(6):475-539. Medicare Claims Processing Manual Publication 100-04 Chapter 32. Available online at: <https://www.cms.gov/Regulationsand-Guidance/Guidance/Manuals/downloads//clm104c32.pdf>. Last accessed May, 2014
7. Medicare National Coverage Determination (NCD) for Intensive Cardiac Rehabilitation Programs (20.31). Available online at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx>
8. Centers for Medicare & Medicaid Services (CMS). *Cardiac Rehabilitation Programs*. MLN Matters;MLN Matters Number NM4401:March 22, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4401.pdf>
9. Centers for Medicare & Medicaid Services (CMS). CMS Manual System Department of Health & Human Services (DHHS);Pub. 100-04 Medicare Claims Processing;Transmittal 909;Change Request 4401:April 21, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/Transmittals/downloads/R909CP.pdf>.
10. Centers for Medicare & Medicaid Services (CMS). CMS Manual System Department of Health & Human Services (DHHS);Pub. 100-04 Medicare Claims Processing;Transmittal 52;Change Request 4401:April 21, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/Transmittals/downloads/R52NCD.pdf>.
11. Centers for Medicare & Medicaid Services (CMS) National COverage Determination for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)
[http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=359&ncdver=1&NCAId=270&NcaName=Cardiac+Rehabilitation+\(CR\)+Programs+-+Chronic+Heart+Failure&ncd_id=280.6&ncd_version=1&basket=ncd%25253A280.6%25253A1%25253APneumatic+Compression+Devices&bc=gIAAAAAAAAAgAAAA%3D%3D](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=359&ncdver=1&NCAId=270&NcaName=Cardiac+Rehabilitation+(CR)+Programs+-+Chronic+Heart+Failure&ncd_id=280.6&ncd_version=1&basket=ncd%25253A280.6%25253A1%25253APneumatic+Compression+Devices&bc=gIAAAAAAAAAgAAAA%3D%3D)

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

