EFFECTIVE DATE: 02|01|2009
POLICY LAST UPDATED: 03|01|2016

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 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.

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.

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

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.

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. 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. 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." 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 and the Heart Failure Society of America 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
- 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.

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 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 and Commercial Products
The following CPT codes are covered:
93797 93798

Note: For member benefits, each code above represents one session

The following CPT code is not separately reimbursed:
99078

The following HCPCS codes are covered for BlueCHiP for Medicare members only:
G0422 G0423

RELATED POLICIES

None

PUBLISHED

Provider Update, May 2016
Provider Update, November 2014
Provider Update, May 2013
Provider Update, May 2012
Provider Update, July 2011
Provider Update, October 2009
Provider Update, October 2008

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