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
Peripheral arterial disease rehabilitative exercise is considered not covered, as the service does not meet CMS guidelines of medically reasonable and necessary to the overall diagnosis and treatment of a member’s condition.

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.

**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.

**CODING**
The following CPT code is not covered for BlueChiP for Medicare and not medically necessary for Commercial products.

93668

**RELATED POLICIES**
Not applicable

**PUBLISHED**
Provider Update, December 2016
Provider Update, January 2016
Provider Update, January 2015
Provider Update, September 2013
Provider Update, May 2012
Provider Update, June 2011
Provider Update, June 2010

**REFERENCES**
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