Peripheral Artery Disease (PAD) Rehabilitation

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

Effective Date: 4/1/2001  Policy Last Updated: 04/05/2011

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

☒ Prospective review is not required.

Description:
Peripheral Arterial Disease (PAD) Rehabilitative exercise consists of a series of sessions, each session lasting 45-60 minutes. A motorized treadmill or a track is used to permit each patient to achieve symptom-limited claudication. Sessions are supervised by an exercise physiologist or nurse. The supervising provider monitors the individual patient's claudication threshold and other cardiovascular limitations for adjustment of workload. During the supervised rehabilitative 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.

Medical Criteria:
Not applicable

Policy:
BlueCHiP for Medicare Members:
Unless these services are listed by our plan as a covered service, services are considered not reasonable and necessary according to the standards of Original Medicare.

All other BCBSRI products:
Peripheral Arterial Disease (PAD) 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 evidence of coverage, subscriber agreement, or benefit booklet for not medically necessary services.

Coding:
93668

Also known as:
PVD Rehabilitation
Vascular Exercise Program

Published:
Policy Update, April 2001
Policy Update, June 2007
Policy Update, May 2008
Provider Update, July 2009
References:


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.