MASSACHUSETTS

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Medical Policy

Cardiac Rehabilitation in the Outpatient Setting

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Policy Number: 916

BCBSA Reference Number: 8.03.08

NCD/LCD:

- National Coverage Determination (NCD) for Cardiac Rehabilitation Programs (20.10)
- National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Outpatient cardiac rehabilitation programs are considered **MEDICALLY NECESSARY** for patients with a history of the following conditions and procedures:

- Acute myocardial infarction (heart attack) within the preceding 12 months;
- Coronary artery bypass graft surgery;
- Percutaneous transluminal coronary angioplasty or coronary stenting;
- Heart valve surgery;
- Heart or heart-lung transplantation;
- Current stable angina pectoris; **or**
- Compensated heart failure.

Repeat participation in an outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event is considered **INVESTIGATIONAL**.

Intensive cardiac rehabilitation with the Ornish Program for Reversing Heart Disease or Pritikin Program is considered **INVESTIGATIONAL**.

Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Medical necessity criteria and coding guidance can be found through the links below.

National Coverage Determinations (NCDs)

National Coverage Determination (NCD) for Cardiac Rehabilitation Programs (20.10)

National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

Note: To review the specific NCD, please remember to click "accept" on the CMS licensing agreement at the bottom of the CMS webpage.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is **not required**.
Commercial PPO and Indemnity	Prior authorization is **not required**.
Medicare HMO Blue℠	Prior authorization is **not required**.
Medicare PPO Blue℠	Prior authorization is **not required**.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
93797	Physician services for outpatient cardiac rehab; without continuous ECG monitoring (per session)
93798	Physician services for outpatient cardiac rehab; with continuous ECG monitoring (per session)

HCPCS Codes

HCPCS codes:	Code Description
S9472	Cardiac rehabilitation program, non-physician provider, per diem

The following HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description

G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

Description

Cardiac Rehabilitation

In 1995, the U.S. Public Health Service 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." The U.S. Public Health Service 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 from the European Association of Cardiovascular Prevention and Rehabilitation stated: "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."[1,] Since the 1995 release of the U.S. Public Health Service guidelines, other societies, including in 2005 the American Heart Association[2,] and in 2010 the Heart Failure Society of America [3,] have developed guidelines on the role of cardiac rehabilitation in patient care.

Summary

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. National organizations have specified core components to be included in cardiac rehabilitation programs.

For individuals who have diagnosed heart disease who receive outpatient cardiac rehabilitation, the evidence includes multiple randomized controlled trials (RCTs) and systematic reviews of these trials. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. Meta-analyses of the available trials have found that cardiac rehabilitation improves health outcomes for select patients, particularly those with coronary heart disease, heart failure, and who have had cardiac surgical interventions. The available evidence has limitations, including lack of blinded outcome assessment, but for the survival-related outcomes of interest, this limitation is less critical. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have diagnosed heart disease without a second event who receive repeat outpatient cardiac rehabilitation, the evidence includes no trials. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. No studies were identified evaluating the effectiveness of repeat participation in a cardiac rehabilitation program. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have diagnosed heart disease who receive intensive cardiac rehabilitation with the Ornish Program for Reversing Heart Disease, the evidence includes an RCT and uncontrolled studies. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. No RCTs have compared the Ornish Program with a "standard" cardiac rehabilitation program; an RCT compared it with usual care. The trial included patients with coronary artery disease and no recent cardiac events and had mixed findings at 1 and 5 years. The trial had a small sample size for a cardiac trial (N=48), and only 35 patients were available for the 5-year follow-up. The Ornish Program is considered by the Centers for Medicare & Medicaid Services as an intensive cardiac rehabilitation program, but the program described in the RCT could meet criteria for standard cardiac rehabilitation. No studies were identified comparing the Ornish Program with any other cardiac rehabilitation program. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have diagnosed heart disease who receive intensive cardiac rehabilitation with the Pritikin Program, the evidence includes a case series. Relevant outcomes are overall survival, disease-

specific survival, symptoms, and morbid events. Studies are needed that compare the impact of intensive cardiac rehabilitation using the Pritikin Program with standard outpatient cardiac rehabilitation programs. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
5/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
4/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
8/2018	BCBSA National medical policy review. Policy criteria revised. Effective 8/1/2018.
11/2017	BCBSA National medical policy review. New investigational indications described. Clarified coding information. Effective 11/1/2017.
7/2016	New references added from BCBSA National medical policy.
4/2016	New references added from BCBSA National medical policy.
8/2015	New references added from BCBSA National medical policy.
9/2015	Medically necessary statement on acute myocardial infarction revised; preceding 12 months removed. Clarified coding information. Effective 9/1/2015.
9/2014	NCD Cardiac Rehabilitation Programs (20.10) updated. NCD Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1) added.
9/2014	New references added from BCBSA National medical policy.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
8/2013	New references from BCBSA National medical policy.
2/2013	New policy describing coverage and non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

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