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)

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 (MI) (heart attack)
- Coronary artery bypass graft (CABG) surgery;
- Percutaneous transluminal coronary angioplasty (PTCA) 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.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

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

This section of the NCD Manual was repealed February 22, 2010, as a result of section 144 of the Medicare Improvements for Patients and Providers Act. Instead, refer to Pub. 100-04, chapter 32, section 140.
140 - Cardiac Rehabilitation Programs (Rev.909, Issued: 04-21-06, Effective: 03-22-06, Implementation: 06-21-06)

Medicare covers cardiac rehabilitation exercise programs for patients who meet the following criteria:

- Have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or
- Have had coronary bypass surgery; or
- Have stable angina pectoris; or
- Have had heart valve repair/replacement; or
- Have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
- Have had a heart or heart-lung transplant.

Effective for dates of services on or after March 22, 2006, services provided in connection with a cardiac rehabilitation exercise program may be considered reasonable and necessary for up to 36 sessions. Patients generally receive 2 to 3 sessions per week for 12 to 18 weeks. The contractor has discretion to cover cardiac rehabilitation services beyond 18 weeks. Coverage must not exceed a total of 72 sessions for 36 weeks.

National Coverage Determination (NCD) 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&bc=AgAAgAAAAAAA%3d%3d&

Nationally Covered Indications
 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. (See section A above for other indications covered under 42 CFR §410.49(b)(1)(vii).

Nationally Non-Covered Indications
Any cardiac indication not specifically identified in 42 CFR §410.49(b)(1)(vii) or identified as covered in this NCD or any other NCD in relation to cardiac rehabilitation services is considered non-covered.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

| Commercial Managed Care (HMO and POS) | No |
| Commercial PPO and Indemnity | No |
| Medicare HMO BlueSM | No |
| Medicare PPO BlueSM | No |

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. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.
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

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>93797</td>
<td>Physician services for outpatient cardiac rehab; without continuous ECG monitoring (per session)</td>
</tr>
<tr>
<td>93798</td>
<td>Physician services for outpatient cardiac rehab; with continuous ECG monitoring (per session)</td>
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### HCPCS Codes

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<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>S9472</td>
<td>Cardiac rehabilitation program, non-physician provider, per diem</td>
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**Description**

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. 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 USPHS guideline recommends cardiac rehabilitation services for patients with coronary heart disease and with heart failure, including those awaiting or following cardiac transplantation. This definition remains current as of 2011.

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.”

**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. A joint national U.S. guideline has specified core components of cardiac rehabilitation programs. Numerous RCTs have been performed, and meta-analyses of randomized controlled trials have found that one course of cardiac rehabilitation improves health outcomes for selected patients. The evidence is insufficient to support repeat participation in cardiac rehabilitation programs.

**Policy History**

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<td>7/2016</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>4/2016</td>
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<tr>
<td>8/2015</td>
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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

References


the Councils on Cardiovascular Nursing, Epidemiology and Prevention, and Nutrition, Physical Activity, and Metabolism; and the American Association of Cardiovascular and Pulmonary Rehabilitation. Circulation. May 22 2007;115(20):2675-2682. PMID 17513578

