Medical Policy
Cardiac Rehabilitation in the Outpatient Setting

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

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 (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.

Intensive cardiac rehabilitation with the Pritikin Program for Reversing Heart Disease or the Ornish 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 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This section of the NCD Manual was repealed February 22, 2010, as a result of section 144 of the Medicare Improvements for Patients and Providers Act.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. 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)

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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<tr>
<td>93797</td>
<td>Physician services for outpatient cardiac rehab; without continuous ECG monitoring (per session)</td>
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<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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The following HCPCS codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

**HCPCS Codes**

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<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</td>
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**Description**

**HEART DISEASE**

Heart disease is the leading cause of mortality in the United States, accounting for more than half of all deaths. Coronary artery disease (CAD) is the most common cause of heart disease. In a 2015 update on heart disease and stroke statistics from the American Heart Association, it was estimated that 635,000 Americans have a new coronary attack (first hospitalized myocardial infarction or coronary heart disease death) and 300,000 have a recurrent attack annually.\(^1\) Both CAD and various other disorders-structural heart disease and other genetic, metabolic, endocrine, toxic, inflammatory, and infectious causes-can lead to the clinical syndrome of heart failure, of which there are about 650,000 new cases in the U.S. annually.\(^2\) Given the 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 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.” Since release of the USPHS guideline, other societies, including the American Heart Association (2005) and the Heart Failure Society of America (2010) 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. Metaanalyses of the available trials have found that cardiac rehabilitation improves health outcomes for select patients, particularly those with coronary heart disease. 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 1 RCT and uncontrolled studies. Relevant outcomes are overall survival, disease-specific survival, symptoms, and morbid events. No RCTs have compared the Ornish Program to a “standard” cardiac rehabilitation program; 1 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 might 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 1 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 between the Pritikin Program and standard outpatient cardiac rehabilitation programs. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

<table>
<thead>
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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>
<td>New references added from BCBSA National medical policy.</td>
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<td>8/2015</td>
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<tr>
<td>9/2014</td>
<td>NCD Cardiac Rehabilitation Programs (20.10) updated. NCD Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1) added.</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


