

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Cardiac Rehabilitation

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	1/20/1984	Policy Last Updated:	3/5/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

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.

Cardiovascular disease affects more than one of every five persons in the United States¹ and is the leading cause of morbidity and mortality in the United States, responsible for 35.3 percent of all deaths.² Coronary artery disease (CAD) is the leading cause of premature, permanent disability in the United States.¹ The morbidity and subsequent disability from cardiovascular disease has far-reaching medical and socioeconomic implications. Cardiac rehabilitation is an important component of a comprehensive care plan for patients with cardiovascular disease.

The United States Public Health Service defines cardiac rehabilitation as "comprehensive, long-term programs involving medical evaluation, prescribed exercise, cardiac risk factor modification, education, and counseling."² The goal of cardiac rehabilitation is to prevent disability resulting from coronary disease and to prevent subsequent coronary events, subsequent hospitalization, and death from cardiac causes through a program of prescribed exercise and interventions designed to reduce coronary risk factors, including drug therapy.³ The targeted outcomes of cardiac rehabilitation include improvement of the patient's exercise capacity and exercise habits; improvement in blood lipid and lipoprotein levels, body weight, blood glucose and blood pressure levels; and smoking cessation, as applicable. Patients generally receive two to three sessions per week for 12 to 18 weeks.

Outpatient cardiac rehabilitation programs may be provided by hospitals or physician-directed clinics. A program should be structured and located at a facility that meets accrediting standards by Medicare or the Joint Commission of Accreditation of Health Care Organizations (JCAHO) for a hospital outpatient department or physician-directed clinic.

Cardiac rehabilitation services are covered for BlueCHIP for Medicare members for patients who have had the following:

- An acute myocardial infarction within the preceding 12 months; or
- A coronary artery bypass surgery; or
- Current stable angina pectoris; or
- Heart valve repair or replacement; or
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
- A heart or heart-lung transplant.

For all other members Cardiac rehabilitation is covered per cardiac episode* (acute myocardial infarction, stable angina, chronic heart failure, cardiac transplant, coronary revascularization, coronary artery bypass surgery, coronary stenting, transmymocardial laser revascularization, valve repair or replacement)

*If the member has participated in cardiac rehabilitation in the past, a new cardiac episode as defined above, or a change in one of the conditions listed would be required to qualify for an additional series of cardiac rehab, e.g., a stable CHF patient who experiences decompensation would again meet the criteria for cardiac rehabilitation once stable and able to tolerate the rehab.

Medical criteria:

Pre-authorization is required for Continued participation in Cardiac Rehabilitation:

BlueCHiP for Medicare Pre-Authorization is required

Coverage for continued participation in cardiac rehabilitation beyond 12 weeks, but may not to exceed a maximum of 36 weeks or 72 visits, will be allowed only on a case-by-case basis with exit criteria taken into consideration.

Exit criteria must include numbers 1, 2, and either 3 or 4 of the following:

- I. Patient has achieved a stable level of exercise tolerance without ischemia or dysrhythmia;
and
- II. Symptoms of angina or dyspnea are stable at the patient's maximum exercise level; and
- III. Patient's resting blood pressure and heart rate are within normal limits; or
- IV. The stress test is not positive during exercise.

Policy:

BlueCHiP for Medicare

Cardiac rehabilitation services are covered for BlueCHiP for Medicare members only for up to 36 sessions, or 18 weeks from the first cardiac rehabilitation visit.

For extended coverage, pre-authorization is required (see Medical Criteria above)

Intensive cardiac rehabilitation may be covered for BlueCHiP for Medicare members who meet the same eligibility criteria as standard cardiac rehabilitation, and intensive cardiac rehabilitation programs must include the same components. Intensive cardiac rehabilitation sessions are limited to 72 1-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

Commercial:

Cardiac rehabilitation services are covered for 36 visits or 12 weeks, whichever comes first. In an effort to accommodate variations in schedules (holidays, illness) that may require more than 12 weeks to complete 36 visits, the time period for completion is extended to 18 weeks. It is preferable that programs should start within 90 days of the cardiac event and be completed within 6 months of the cardiac event.

Benefit is limited per episode - See specific subscriber agreement; there is no extended coverage per episode

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or the applicable Cardiac Rehabilitation benefits/coverage.

Maintenance programs that follow the initial rehabilitation program are not covered for all products.

Education services, defined as counseling on diet, nutrition, lipid levels, stress management, and lifestyle changes (including daily exercise), are included as part of the cardiac rehabilitation program and are not reimbursed as a separate component are not separately reimbursed for all products.

Coding:

The following CPT codes are covered:
93797, 93798

The following codes are covered for BlueCHiP for Medicare members only:

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

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

The following CPT code is not separately reimbursed:
99078

Also known as:

Cardiac exercise training
Cardiac training
Cardiovascular rehabilitation

Related topic:

Not applicable

Published:

Provider Update, May 2013
Provider Update, May 2012
Provider Update, Jul 2011
Provider Update, Oct 2009
Provider Update, Oct 2008
Policy Update, Dec 2007
Policy Update, Aug 2001
Policy Update, Nov 2000

References:

¹Ryan TJ, Elliott M, Antman NH, et al. 1999 Update: ACC/AHA Guidelines for the Management of Patients with Acute Myocardial Infarction. *Circulation*;1999;1016-1030.

²American Heart Association. Accessed on 7/1/09:
<http://www.americanheart.org/presenter.jhtml?identifier=4478>.

³Ades PA. Cardiac rehabilitation and secondary prevention of coronary heart disease. *New England Journal of Medicine*;2001Sep20;345(12):892-902.

American College of Cardiology (ACC). *American College of Cardiology Position Statement Cardiovascular Rehabilitation*. Bethesda, MD:ACC;1985:1-6. Accessed on 7/1/09:
<http://www.acc.org/qualityandscience/clinical/position/72539.pdf>.

Balady G, Ades PA, Comoss P, et al. *Core components of cardiac rehabilitation/secondary prevention programs: a statement for healthcare professionals from the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation Writing Group*. *Circulation* 2000;102:1069-1073.

Centers for Medicare & Medicaid Services (CMS). *Cardiac Rehabilitation Programs*. MLN Matters;MLN Matters Number NM4401:March 22, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4401.pdf>

Centers for Medicare & Medicaid Services (CMS). CMS Manual System Department of Health & Human Services (DHHS);Pub. 100-04 Medicare Claims Processing;Transmittal 909;Change Request 4401:April 21, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/Transmittals/downloads/R909CP.pdf>.

Centers for Medicare & Medicaid Services (CMS). CMS Manual System Department of Health & Human Services (DHHS);Pub. 100-04 Medicare Claims Processing;Transmittal 52;Change Request 4401:April 21, 2006. Accessed on 7/1/09: <http://www.cms.hhs.gov/Transmittals/downloads/R52NCD.pdf>.

History:

January 2013 - annual review

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