Medicare Part C Medical Coverage Policy

Cardiac Rehabilitation

Origination: June 30, 1988
Review Date: June 20, 2018
Next Review: June, 2020

***This policy applies to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.***

DESCRIPTION OF PROCEDURE OR SERVICE
Cardiac rehabilitation (CR) is a program to improve function of the cardiovascular system through a process of exercise, education and risk reduction strategies. The goal of CR programs is to optimize physical, psychological, social, and vocational function of cardiac disease patients with the use of physical conditioning, identification and treatment of risk factors, education and reinforcement of healthy behaviors. Cardiac rehabilitation consists of thirty-six (36) sessions. Prior approval is required for an additional thirty-six (36) sessions.

POLICY STATEMENT
Coverage will be provided for an additional thirty-six (36) visits of CR when it is determined to be medically necessary, as outlined in the guidelines and medical criteria below.

BENEFIT APPLICATION
Please refer to the member’s individual Evidence of Coverage (EOC) for benefits.

Coverage decisions will be made in accordance with:
- The Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations (NCD);
- General coverage guidelines included in Original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member’s particular Evidence of Coverage (EOC), the EOC always governs the determination of benefits.

CRITERIA REQUIRED FOR COVERAGE APPROVAL OF AN ADDITIONAL 36 VISITS:

A. Preauthorization by the Plan;

AND

B. The member must be evaluated at the end of the first thirty-six (36) visits by the member’s PCP or a cardiologist;
AND

C. Documentation of the following criteria: 1 and 2 OR 3:

1. If a significant intercurrent (simultaneous) illness or comorbidity occurred during the first thirty-six (36) sessions;

AND

2. The member has not met discharge criteria given below per diagnosis:
   a. The member’s “qualifying event” to start cardiac rehab (ischemic heart disease; myocardial infarction; percutaneous transluminal coronary angioplasty; coronary artery bypass graft; stent; or angina under stress testing) does not demonstrate significant ischemia or dysrhythmia under repeat testing OR achieves a stable level of exercise tolerance (7 Metabolic equivalent units (METS) which is normal) for discharge; OR
   b. If the qualifying event was a heart valve repair or replacement, the member must have achieved a stable level of exercise tolerance. (7 METS); OR
   c. If the qualifying event was a heart/lung transplant and the member has a peak oxygen consumption (VO2) or greater than ninety (90) percent of predicted;
   d. If the qualifying event was congestive heart failure, then the member met care plan goals assessed at admission.

OR

3. A NEW SERIES of CR after a NEW intervening event listed below occurs:
   i. A diagnosis of acute myocardial infarction within the preceding twelve (12) months; or
   ii. Previous coronary bypass surgery; or
   iii. Previous percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
   iv. Stable angina pectoris; or
   v. Previous heart valve repair or replacement; or
   vi. History of previous heart or heart-lung transplant; or
   vii. Congestive heart failure (NYHA Classification II-IV).

WHEN COVERAGE WILL NOT BE APPROVED

1. For any cardiac indication not specifically identified above.
2. Any member with unstable angina.
3. Acute congestive heart failure is not a covered condition of cardiac rehabilitation.

BILLING/CODING/PHYSICIAN DOCUMENTATION INFORMATION

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee reimbursement.

Applicable codes: 93797, 93798

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are
not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

**SPECIAL NOTES**

- Stable heart failure patients are those who have not had any recent or planned, major cardiovascular hospitalizations or procedures;

- Classes of Heart Failure:
  Doctors classify heart failure according to the severity of the symptoms.
  The New York Heart Association (NYHA) Functional Classification:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage II</td>
<td>Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea.</td>
</tr>
<tr>
<td>Stage III</td>
<td>Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea.</td>
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<tr>
<td>Stage IV</td>
<td>Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.</td>
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</tbody>
</table>

- This Policy is not to be referenced when determining if the member qualifies for the initial 36 visits of Cardiac Rehabilitation, but the additional 36 visits when necessary.

**References**

1. National Coverage Determination; Cardiac Rehabilitation; Section 20.10; Effective Date 03/22/2006; viewed online at www.cms.gov; viewed on 05/16/18.
2. National Coverage Determination; Intensive Cardiac Rehabilitation; Section 20.31; Effective on 08/12/2010; viewed online at www.cms.gov; Viewed on 05/16/18.
3. Medicare Claims Processing Manual; Chapter 32 Billing Requirements for Special Services, Section 140.2-140.3.1; (rev.1974, Issued 5/21/10) Effective date 1/1/10; Accessed via Internet site www.cms.gov; Viewed online on 05/16/18.
4. CMS Decision Memo for Cardiac Rehabilitation (CR) Programs-Chronic Heart Failure (CAG-00437N) viewed online 03/3/2014 at www.cms.gov; viewed on 05/16/2018.
6. American Heart Association; Classes of Heart Failure; NYHA Functional Classification table 2016; viewed online at www.heart.org on 05/16/18.

**Policy Implementation/Update Information:**

Revision Date: May 19, 1998; August 16, 2001; September 5, 2001; September 18, 2001; February 23, 2005, November 30, 2006; September 21, 2009; October 2012 - no criteria changes.

Revision Date: 03/03/2014; added Stable Heart Failure to the criteria.

Revision Date: 06/18/2014: Edited policy to list criteria for additional cardiac rehab visits after the initial 36 visits have occurred; added congestive heart failure, as this indication was recently approved by a Medicare coverage determination. October 29, 2015 updated LCD due to ICD-10 update only.

Revision Date: 07/20/2016: Non-Coverage Indications: added “Acute congestive heart failure is not a covered condition of cardiac rehabilitation. Coding Section: Removed G0422, G0423; Special Notes: Removed G0422, G0423 and verbiage (No facilities currently listed at the time of this policy revision).

Revision Date: 5/16/18; Annual Review; No CMS updates. Added Special Note “This Policy is not to be referenced when determining if the member qualifies for the initial 36 visits of Cardiac Rehabilitation, but the additional 36 visits when necessary.” per committee recommendation.

**Approval Dates:**

Medical Coverage Policy Committee: June 20, 2018