EmblemHealth

Outpatient Cardiac Rehabilitation

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Definition

Cardiac rehabilitation	A comprehensive program of medical evaluation, prescribed exercise, cardiac risk factor modification, education and counseling designed to restore certain patients with coronary heart disease to active and productive lives. Cardiac rehabilitation, as described in the medical literature, is divided into 3 phases and consists of a series of supervised exercise sessions with continuous electrocardiograph monitoring. Clinically optimal results are obtained if these sessions are conducted 3-times per week over a 12-to-18-week period.
Phase I	The immediate in-hospital post-cardiac event phase.
Phase II	The immediate post-hospitalization outpatient recuperation phase.
Phase III	The long-term maintenance phase.

Guideline

This guideline encompasses outpatient, post-hospital cardiac rehabilitation or Phase II. Members are eligible for coverage of outpatient cardiac rehabilitation when any of the following criteria are applicable:

1. Status post coronary artery bypass graft (CABG) surgery.
2. Status post heart or heart-lung transplant.
3. Status post heart valve repair or replacement.
4. Status post percutaneous transluminal angioplasty (PTA) or stent placement.
5. Members begin the program within 12 months of an acute myocardial infarction (MI).
6. Members have stable angina.
7. Members have stable, chronic heart failure (defined as left ventricular ejection fraction of ≤ 35% and New York Heart Association [NYHA] class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks. Stable is defined as not having undergone recent [≤ 6 weeks] or planned [≤ 6 months] major cardiovascular hospitalizations or procedures).

Limitations

1 **Facilities**

Cardiac rehabilitation programs may be provided either by the outpatient department of a hospital or a physician-directed clinic.[1] Coverage for either program is subject to the following conditions:

a. The facility meets the definition of a hospital outpatient department or a physician-directed clinic (e.g., a physician is on the premises and available to perform medical duties at all times the facility is open, and each patient is under the care of a hospital or clinic physician).

b. The facility has available for immediate use all the necessary cardiopulmonary emergency diagnostic and therapeutic life-saving equipment accepted by the medical community as medically necessary (e.g., oxygen, cardiopulmonary resuscitation equipment or defibrillator).

c. The program is conducted in an area set aside for the exclusive use of the program while it is in session.

d. The program is staffed by personnel necessary to conduct the program safely and effectively who are trained in both basic and advanced life-support techniques and exercise therapy for coronary disease. Services of nonphysician personnel must be furnished under the direct supervision of a physician. Direct supervision means that a physician must be in the exercise program area and immediately available and accessible for all emergencies. It does not require that a physician be physically present in the exercise room itself.

e. The nonphysician personnel are employees of the physician, hospital or clinic conducting the program and their services are “incident to” a physician's professional services.

2 **Diagnoses**

a. For MI, the program entry date must be within 12 months of the infarction date.

b. For CABG, program initiation should be early enough to have a restorative effect on the recuperative process; therefore, the entry date should be within 6 months of the CABG procedure.

c. For angina, all patients must have a pre-entry stress test that is positive for exercise-induced ischemia within 6 months of starting cardiac rehabilitation.

d. A positive stress test in this context implies a junctional depression of 2 mm or more with associated slowly rising ST segment, or 1 mm horizontal or downsloping ST segment depressions.

e. Over the years, nuclear perfusion studies have supplanted standard electrocardiogram (ECG or EKG) treadmill tests as a means of evaluating ischemic heart disease, especially for patients who have abnormal rest ECGs; therefore, the “positive” stress test also includes perfusion studies that demonstrate ischemia. A stress ECG, however, is regarded as a comparable test to nuclear perfusion studies for ischemia evaluation. Patients with an abnormal stress ECG demonstrating ischemia may also be included in this group.

f. For post-heart valve repair or replacement patients, the program should be early enough to provide restorative benefit; therefore, the date of entry must be within 6 months of surgery.

g. For post-PTA or stent replacement patients, the program should be early enough to provide a restorative benefit; therefore, the date of entry must be within 6 months of surgery.

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[1] Link to CMS-approved Intensive Cardiac Rehabilitation Programs: http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/ICR.html.

h. For post-heart or heart-lung transplant patients, as special and complex posttransplant management problems may occur, program entry is extended to within 1 year.

3 **Frequency and Duration**

a. 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.

b. Services at a frequency of less than 2 to 3 sessions per week will be considered not medically necessary.

c. For the purposes of this guideline, Phase II is divided into Phase IIA and Phase IIB. Phase IIA is the initial outpatient cardiac rehabilitation, not to exceed 3 sessions per week for 12 to 18 weeks.

d. Phase IIB consists of an additional series of 36 sessions in 12 to 18 weeks and will only be allowed if determined to be medically necessary. The total number of allowable sessions is 72. Phase IIB benefits must meet additional medical necessity criteria; specifically, there must be clear demonstration that the patient is benefiting from cardiac rehabilitation and that the exit criterion has not been met.

4 **Exit criterion**

a. This guideline establishes an exit criterion to be met when the patient has achieved a stable exercise tolerance level of 7 metabolic equivalents (METS). In the American Heart Association's functional classification, Class I, or normal function status, begins at 7 METS; therefore, completion of 6 minutes of exercise during a treadmill or stress imaging test (utilizing the Bruce protocol without significant ischemia or dysrhythmia) is a reasonable exit criterion.

b. For patients post valvuloplasty or valve replacement, coverage will be provided for Phase IIA only, as there is no data demonstrating that extension beyond 36 sessions is reasonable and necessary.

c. The posttransplant patient poses a special challenge for the cardiac rehabilitation team. Issues such as deconditioning and cachectic deterioration may complicate the definition of a reasonable exit criterion; therefore, the Plan will use a peak oxygen consumption (VO2) of greater than 90% of the predicted as the exit criterion for phase IIA. Patients whose VO2 is less than 90% of the predicted may qualify for the additional phase IIB benefits.

5 **Other services**

a. Evaluation and management services, ECGs and other diagnostic services may be covered on the day of cardiac rehabilitation if these services are separate and distinct from the cardiac rehabilitation program and are medically necessary.

b. Forms of counseling (i.e., dietary counseling and stress management) are not separately reimbursed.

Exclusions

The Plan does not regard outpatient cardiac rehabilitation as medically necessary when any of the following are applicable:

1 Lack of continuous ECG monitoring.
2 Presence of congestive heart failure in the absence of other conditions.
3 Presence of unstable angina.
4 Continuation of > 72 sessions for > 36 weeks.

Applicable Procedure Codes

93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
S9472	Cardiac rehabilitation program, non-physician provider, per diem

Applicable ICD-10 Diagnosis Codes

I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm

I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.3	Heart and lungs transplant status
Z95.1	Presence of aortocoronary bypass graft
Z95.2	Presence of prosthetic heart valve
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement
Z95.5	Presence of coronary angioplasty implant and graft
Z95.811	Presence of heart assist device
Z95.812	Presence of fully implantable artificial heart
Z98.61	Coronary angioplasty status

References

Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Cardiac Rehabilitation Programs (20.10). 2006. http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=36&ncdver=3&bc=AgAAgAAAAAAAAA%3d%3d&. Accessed June 6, 2016.

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Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Benson-Henry Institute Cardiac Wellness Program (CAG-00434N). 2014. http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=271. Accessed June 6, 2016.

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