Clinical Policy: Outpatient Cardiac Rehabilitation

Description
Medical necessity guidelines for conventional and intensive outpatient cardiac rehabilitation programs.

Policy/Criteria
I. It is the policy of health plans affiliated with Centene Corporation® that initiation of medically supervised phase II outpatient cardiac rehabilitation is medically necessary when meeting all of the following:
   A. Indications, one of the following:
      1. Stable angina pectoris within last 12 months;
      2. History of unstable angina pectoris within last 12 months;
      3. Percutaneous coronary intervention within last 12 months;
      4. Myocardial infarction within last 12 months;
      5. Coronary artery bypass graft (CABG) within last 12 months;
      6. Coronary artery disease (CAD) within last 6 months;
      7. Heart failure (HF) Class II, III, or IV and on a stable medication regimen;
      8. Heart or heart-lung transplantation within last 6 months, or within 6 months of newly gained ability to participate in rehabilitation regimen;
      9. Cardiac valve surgery within last 6 months;
      10. Peripheral artery disease within last 12 months;
      11. History of sustained ventricular tachycardia or fibrillation, or survivors of sudden cardiac death;
   B. Therapy program, all of the following:
      1. Physician-prescribed exercise during each session;
      2. Electrocardiogram monitoring;
   C. Request is for ≤ 36 visits over a period of ≤ 9 months;
   D. None of the following contraindications:
      1. Unstable angina;
      2. Uncontrolled hypertension - resting systolic blood pressure (SBP) >180 mmHg and/or resting diastolic BP (DBP) >110 mmHg;
      3. Orthostatic BP drop of ≥ 20 mmHg with symptoms;
      4. Significant aortic stenosis (aortic valve area <1.0 cm²);
      5. Uncontrolled atrial or ventricular arrhythmias;
      6. Uncontrolled sinus tachycardia (>120 beats/min);
      7. Uncompensated heart failure;
      8. Third degree atrioventricular (AV) block without pacemaker;
      9. Active pericarditis or myocarditis;
      10. Recent embolism;
      11. Acute thrombophlebitis;
      12. Acute systemic illness or fever;
      13. Uncontrolled diabetes mellitus;
CLINICAL POLICY
Outpatient Cardiac Rehabilitation

14. Severe orthopedic conditions that would prohibit exercise;
15. Other metabolic conditions, such as acute thyroiditis, hypokalemia, hyperkalemia, or hypovolemia (until adequately treated).

II. It is the policy of health plans affiliated with Centene Corporation that continuation of medically supervised phase II outpatient cardiac rehabilitation is medically necessary when meeting all of the following:
A. Progressive therapy program, all of the following:
   1. Physician-prescribed exercise during each session;
   2. Electrocardiogram monitoring;
B. Partial progress made in meeting treatment goals, all of the following:
   1. Reduction in intensity and frequency of symptoms or findings;
   2. Improvement in function and reduction in limitations;
   3. Documented patient adherence to home exercise program;
C. Request is for ≤ a total of 36 visits, including those initially approved. Requests for additional visits will be reviewed by a medical director.

III. It is the policy of health plans affiliated with Centene Corporation that phase III or IV cardiac rehab programs are not medically necessary as they are primarily educational or training programs.

IV. It is the policy of health plans affiliated with Centene Corporation that intensive cardiac rehabilitation programs are considered investigational as there is not sufficient evidence that they achieve superior outcomes when compared to conventional cardiac rehabilitation programs.

Background
The American Heart Association and American Association of Cardiovascular and Pulmonary Rehabilitation define cardiac rehabilitation for coronary heart disease as “coordinated, multifaceted interventions designed to optimize a cardiac patient’s physical, psychological, and social functioning, in addition to stabilizing, slowing, or even reversing the progression of the underlying atherosclerotic processes, thereby reducing morbidity and mortality.” Cardiac rehabilitation (CR) programs should include comprehensive long-term services involving medical evaluation/baseline patient assessment, exercise training and physical activity counseling, coronary risk factor reduction/secondary prevention, including nutritional counseling and weight management, psychosocial support, and education regarding diet, medications, and exercise tolerance.

Phase II outpatient CR programs provide electrocardiogram-monitored, supervised exercise programs tailored to the needs of the patient, usually two to three times weekly for 8 to 12 weeks or longer. Goals of CR include reducing coronary risk factors, identifying and managing psychosocial problems that affect patients with cardiac disease, and teaching safe and effective exercise prescribed by a physician or other qualified practitioner.

Intensive cardiac rehabilitation
According to the Centers for Medicare and Medicaid Services, “intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner” than conventional programs. In order to qualify, ICR programs must demonstrate in peer-reviewed literature that they achieved at least one of the following outcomes: (1) positively affected the progression of coronary heart disease; (2) reduced the need for coronary bypass surgery; and, (3) reduced the need for percutaneous coronary interventions.5

Only one randomized controlled trial has compared ICR (the Ornish program) with conventional CR and did not report any significant differences in outcomes of interest, such as incidence of angina, mean total cholesterol, mean body mass index (BMI), mean systolic blood pressure, mean diastolic blood pressure, or mean carotid intima-media thickness.1,10 A Hayes comparative effectiveness review of ICR programs notes that the evidence comparing ICR to usual care and conventional CR, as well as individual ICR programs to each other, is of very low quality, given small sample sizes and few published studies.10

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>93798</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)</td>
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<tr>
<td>93797</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
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<tr>
<th>HCPCS Codes</th>
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<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session</td>
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<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</td>
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<tr>
<td>S9472</td>
<td>Cardiac rehabilitation program, non-physician provider, per diem</td>
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### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>I20.1</td>
<td>Angina pectoris with documented spasm</td>
</tr>
<tr>
<td>I20.8</td>
<td>Other forms of angina pectoris</td>
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<tr>
<td>I20.9</td>
<td>Angina pectoris, unspecified</td>
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<tr>
<td>I21.01</td>
<td>ST elevation (STEMI) myocardial infarction involving left main coronary artery</td>
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<tr>
<td>I21.02</td>
<td>STEMI myocardial infarction involving left anterior descending coronary artery</td>
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<tr>
<td>I21.09</td>
<td>STEMI myocardial infarction involving other coronary artery of anterior wall</td>
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<tr>
<td>I21.11</td>
<td>STEMI myocardial infarction involving right coronary artery</td>
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<tr>
<td>I21.19</td>
<td>STEMI myocardial infarction involving other coronary artery of inferior wall</td>
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<td>I21.21</td>
<td>STEMI myocardial infarction involving left circumflex coronary artery</td>
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<tr>
<td>I21.29</td>
<td>STEMI myocardial infarction involving other sites</td>
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<tr>
<td>I21.3</td>
<td>STEMI myocardial infarction of unspecified site</td>
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<td>I21.4</td>
<td>Non-ST elevation (NSTEMI) myocardial infarction</td>
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<td>I21.9</td>
<td>Acute myocardial infarction, unspecified</td>
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<td>I21.A1</td>
<td>Myocardial infarction type 2</td>
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<td>I21.A9</td>
<td>Other myocardial infarction type</td>
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<td>I22.0</td>
<td>Subsequent STEMI myocardial infarction of anterior wall</td>
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<tr>
<td>I22.1</td>
<td>Subsequent STEMI myocardial infarction of inferior wall</td>
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<td>I22.2</td>
<td>Subsequent NSTEMI myocardial infarction</td>
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<td>I22.8</td>
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<td>I22.9</td>
<td>Subsequent STEMI myocardial infarction of unspecified site</td>
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<tr>
<td>I25.10</td>
<td>Atherosclerotic heart disease of native coronary artery without angina pectoris</td>
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<tr>
<td>I25.111</td>
<td>Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm</td>
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<tr>
<td>I25.118</td>
<td>Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris</td>
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<td>I25.119</td>
<td>Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris</td>
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<tr>
<td>I25.2</td>
<td>Old myocardial infarction</td>
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<td>I25.5</td>
<td>Ischemic cardiomyopathy</td>
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<td>I25.6</td>
<td>Silent myocardial ischemia</td>
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<td>I25.701</td>
<td>Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm</td>
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<td>I25.708</td>
<td>Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris</td>
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<td>I25.709</td>
<td>Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris</td>
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<td>I25.711</td>
<td>Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm</td>
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<tr>
<td>I25.718</td>
<td>Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris</td>
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### ICD-10-CM Code | Description
---|---
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
I25.810 | Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811 | Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812 | Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89 | Other forms of chronic ischemic heart disease
I25.9 | Chronic ischemic heart disease, unspecified
I49.01 | Ventricular fibrillation
I49.02 | Ventricular flutter
I50.22 | Chronic systolic (congestive) heart failure
I50.32 | Chronic diastolic (congestive) heart failure
ICD-10-CM Code | Description
--- | ---
I50.42 | Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.812 | Chronic right heart failure
I50.814 | Right heart failure due to left heart failure
I50.82 | Biventricular heart failure
I50.83 | High output heart failure
I50.84 | End stage heart failure
I50.89 | Other heart failure
I50.9 | Heart failure, unspecified
I73.9 | Peripheral vascular disease, unspecified
Z48.21 | Encounter for aftercare following heart transplant
Z48.280 | Encounter for aftercare following heart-lung transplant
Z86.74 | Personal history of sudden cardiac arrest
Z94.1 | Heart 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
Z98.61 | Coronary angioplasty status

Reviews, Revisions, and Approvals

<table>
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<tr>
<th>Policy developed. Reviewed by interventional cardiologist.</th>
<th>Date</th>
<th>Approval Date</th>
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<td>05/19</td>
<td>05/19</td>
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References

17. Mezzani A, Hamm LF, Jones AM, et al. Aerobic Exercise Intensity Assessment and Prescription in Cardiac Rehabilitation: A Joint Position Statement of the European Association for Cardiovascular Prevention and Rehabilitation, the American Association of Cardiovascular And Pulmonary Rehabilitation, and the Canadian Association of Cardiac
Clinical Policy
Outpatient Cardiac Rehabilitation


Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical
policy; and other available clinical information. The Health Plan makes no representations and
accepts no liability with respect to the content of any external information used or relied upon in
developing this clinical policy. This clinical policy is consistent with standards of medical
practice current at the time that this clinical policy was approved. “Health Plan” means a health
plan that has adopted this clinical policy and that is operated or administered, in whole or in part,
by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a
component of the guidelines used to assist in making coverage decisions and administering
benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage
decisions and the administration of benefits are subject to all terms, conditions, exclusions and
limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,
contract of insurance, etc.), as well as to state and federal requirements and applicable Health
Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting
may not be the effective date of this clinical policy. This clinical policy may be subject to
applicable legal and regulatory requirements relating to provider notification. If there is a
discrepancy between the effective date of this clinical policy and any applicable legal or
regulatory requirement, the requirements of law and regulation shall govern. The Health Plan
retains the right to change, amend or withdraw this clinical policy, and additional clinical
policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is
not intended to dictate to providers how to practice medicine. Providers are expected to exercise
professional medical judgment in providing the most appropriate care, and are solely responsible
for the medical advice and treatment of members. This clinical policy is not intended to
recommend treatment for members. Members should consult with their treating physician in
connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent
judgment and over whom the Health Plan has no control or right of control. Providers are not
agents or employees of the Health Plan.

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Providers, members and their representatives are bound to the terms and conditions expressed
herein through the terms of their contracts. Where no such contract exists, providers, members
and their representatives agree to be bound by such terms and conditions by providing services to
members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the
coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.
Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical
policy.
Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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