Coverage Summary

Rehabilitation: Cardiac Rehabilitation Services (Outpatient)

Policy Number: R-005  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 12/15/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 06/21/2017

Related Medicare Advantage Policy Guidelines:
- Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)
- Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program (NCD 20.31.3)
- Intensive Cardiac Rehabilitation-ICR-Programs (NCD 20.31)
- Ornish Program for Reversing Heart Disease (NCD 20.31.2)
- The Pritikin Program (NCD 20.31.1)

Coverage Statement: Outpatient cardiac rehabilitation services are covered when Medicare coverage criteria are met.

Guidelines/Notes:
1. Cardiac Rehabilitation Exercise Programs
   a. Outpatient cardiac rehabilitation exercise programs are covered when patient has been referred by the attending physician and has one or more of the following:

   Cardiac Rehabilitation (CR) program may be covered under Medicare Part B, section 1861(s)(2)(CCC) and 1861(eee)(1) of the Social Security Act. Among other things, Medicare regulations define key terms, address the components of a CR program, establish

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.
the standards for physician supervision, and limit the maximum number of program sessions that may be furnished. See 42 CFR § 410.49. The regulations also describe the cardiac conditions that would enable a beneficiary to obtain CR services.

Specifically, coverage is permitted for beneficiaries who have experienced one or more of the following:

- A documented diagnosis of an acute myocardial infarction (MI) within the preceding 12 months; or
- Current stable angina pectoris; or
- Coronary artery bypass surgery (CABG); or
- Heart valve repair/replacement; or
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
- Heart or heart lung transplant

Cardiac rehabilitation services/programs must include the following components (effective for services furnished on or after January 1, 2010):

- The physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- Cardiac risk factor modification, including education, counseling, and behavioral intervention at least once during the program, tailored to patients’ individual needs;
- Psychosocial assessment;
- Outcomes assessment; and
- An individualized treatment plan detailing how components are utilized for each patient.

Notes:

- Cardiac rehabilitation items and services must be furnished in a physician’s office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for the direct supervision of physician’s office services and for hospital outpatient therapeutic services.

- Frequency: Cardiac rehabilitation program sessions are limited to a maximum of 2 one-hour sessions per day for up to 36 sessions over up to 36 weeks, with the option for an additional 36 sessions over an extended period of time if approved by the Medicare contractor.

2. Intensive Cardiac Rehabilitation (effective for services furnished on or after January 1, 2010)

Intensive cardiac rehabilitation is covered when requirements in 1.a & 1.b above are met AND the intensive cardiac rehabilitation programs must be approved by Medicare

a. In order to be approved, a program must demonstrate through peer-reviewed published research that it has accomplished one or more of the following for its patients:

- Positively affected the progression of coronary heart disease;
- Reduced the need for coronary bypass surgery; and
- Reduced the need for percutaneous coronary interventions

b. An intensive cardiac rehabilitation program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in 5 or more of
the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services:

- Low density lipoprotein;
- Triglycerides;
- Body mass index;
- Systolic blood pressure;
- Diastolic blood pressure; and
- The need for cholesterol, blood pressure, and diabetes medications

**Notes:**

- Intensive cardiac rehabilitation items and services must be furnished in a physician’s office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for direct supervision of physician office services and for hospital outpatient therapeutic services.
- **Frequency:** Intensive cardiac rehabilitation program sessions are limited to 72 one-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

- For detailed Medicare coverage, billing and coding information for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation, see the [Medicare Benefit Policy Manual, Chapter 32, §140 - Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs](https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/TrialsRegistries/ICR.html). (Accessed April 10, 2017)

**Intensive Cardiac Rehabilitation (ICR) Programs:**
The following ICR programs have been approved by CMS through the national coverage determination (NCD) process:

- Pritikin Program (effective August 12, 2010); see the [NCD for The Pritikin Program (20.31.1)](https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/TrialsRegistries/ICR.html) (Accessed April 10, 2017)
- Dr. Ornish's Program for Reversing Heart Disease (effective August 12, 2010); see the [NCD for Ornish Program for Reversing Heart Disease (20.31.2)](https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/TrialsRegistries/ICR.html) (Accessed April 10, 2017)
- Benson-Henry Institute Cardiac Wellness Program (effective May 6, 2014); see the [NCD for Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program (20.31.3)](https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/TrialsRegistries/ICR.html) (Accessed April 10, 2017)


3. **Cardiac Rehabilitation Services For Patients With Congestive Heart Failure**

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 class II through IV symptoms despite being on optimal heart failure therapy for at least 6 weeks. Stable patients are defined as patients who have not had recent (≤6 weeks) or planned (≤6 months) major cardiovascular hospitalizations or procedures.

For additional information, see the NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1). (Accessed April 10, 2017)

4. Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD); see the Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation)

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

06/21/2017  Re-review with the following update:
Guideline 4 [Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)] – added cross reference link to the Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, including Cognitive Rehabilitation).

04/18/2017  Annual review; no updates
06/21/2016  Annual review; no updates
06/16/2015  Guideline 3 (Cardiac Rehabilitation Services For Patients With Congestive Heart Failure) – Deleted reference to Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure (CAG-00437N), Information in referenced in National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)
11/18/2014  Guideline 2 (Intensive Cardiac Rehabilitation)
Updated to include the reference link to the new CMS approved Benson-Henry Institute Cardiac Wellness Program
10/21/2014  Guideline 2 (Transcatheter Mitral Valve Repair)
• Updated to include the reference link to the new CMS NCD for Transcatheter Mitral Valve Repair (TMVR) which states coverage under Coverage with Evidence Development
06/17/2014  Annual review; no updates
04/15/2014  Guidelines #3 (Cardiac Rehabilitation Services for Patients with Congestive Heart Failure) – added applicable guidelines based on the CMS Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure (CAG-00437N) dated February 18, 2014
06/24/2013  Annual review; no updates
06/18/2012  Annual review; no updates
06/30/2011  Annual review; updated the definition of Direct Supervision of a Physician
04/05/2011  Updated Guidelines #2 (Intensive Cardiac Rehabilitation) to include the information and link to the Medicare approved ICR Programs