

# BENEFIT COVERAGE POLICY

**Title:** BCP-08 Outpatient Cardiac Rehabilitation Therapy Services

**Effective Date:** 01/01/2024

## Important Information – Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

Health Plan covers short-term, electrocardiographically-monitored, outpatient cardiac rehabilitation, or Phase II, as medically necessary when referred by a physician, provided under the supervision of a physician.

Please refer to the member's benefit plan coverage guidelines for outpatient cardiac rehabilitation therapy services. Benefit plans may include a maximum allowable benefit, either in duration of treatment or in number of visits, for example. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

This policy does not guarantee or approve Benefits. Coverage depends on the specific Benefit plan. Benefit Coverage Policies are not recommendations for treatment and should not be used as treatment guidelines. Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions.

### 2.0 Background:

Patients who have cardiovascular events are often functional in society and employed prior to a cardiac event, and frequently require only re-entry into their former life pattern. Cardiac rehabilitation serves this purpose by providing a supervised program in the outpatient setting that involves medical evaluation, an ECG-monitored physical exercise program, cardiac risk factor modification, education, and counseling.

Cardiac rehabilitation is designed to help individuals with conditions such as heart or vascular disease return to a healthier and more productive life. This includes individuals who have had heart attacks, open heart surgery, valve replacement or repair, stable angina, vascular disease, heart or heart-lung transplant, or other cardiac-related health problems.

Traditionally, cardiac rehabilitation programs have been classified as Phase I to IV, representing a progression from the hospital (phase I) to a medically supervised outpatient program (phases II and III) to a community or home-based setting (phase IV).

1. Phase I (inpatient) – starts in the hospital. Begins with non-strenuous activities, such as sitting up in bed, range-of-motions exercises, and self-care, such as shaving. Activities progress to walking and limited stair climbing that the patient will encounter once they return home.
2. Phase II (outpatient w/ ECG monitoring) – This phase is a structured, medically supervised, outpatient program for patients with heart disease that incorporates regular exercise with nutritional counseling, weight loss, stress management, and smoking cessation. Lasts from 2-12 weeks after hospital discharge. Each session lasts about one hour, with about a 30-minute exercise period incorporated between instructor-led warm-up and cool-down sessions. Exercise levels on each piece of equipment are adjusted regularly by an exercise physiologist, based on heart rate performance, patient’s level of comfort, and their physician’s directions to provide maximal safe progress in exercise capacity.
3. Phase III (supervised) – a supervised program lasting 6-12 months that encourages exercise and a healthy lifestyle and performed at home, a fitness center or a senior center with the goal of continuing the risk factor modification and exercise program learned in Phase II.
4. Phase IV (maintenance/ follow-up) – long-term maintenance programs that a patient should follow for the rest of their life.

**3.0 Clinical Determination Guidelines:**

None.

**4.0 Coding:**

Prior Approval Legend: Y = All lines of business; N = Not required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L000126 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

<b>COVERED CODES</b>			
<b>Code</b>	<b>Description</b>	<b>Prior Approval</b>	<b>Benefit Plan Cost Share Reference</b>
93668	Peripheral arterial disease (PAD) rehabilitation, per session	N	Outpatient rehabilitation/habilitation therapy visit
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	N	Outpatient rehabilitation/habilitation therapy visit
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) [not covered for Phase III or Phase IV]	N	Outpatient rehabilitation/habilitation therapy visit
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	N	Outpatient rehabilitation/habilitation therapy visit
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring, without exercise, per session	N	Outpatient rehabilitation/habilitation therapy visit

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>

<b>NON-COVERED CODES</b>		
<b>Code</b>	<b>Description</b>	<b>Benefit Plan Reference/Reason</b>
S9472	Cardiac rehabilitation program, non-physician provider, per diem	Not medically necessary

<b>ICD-10 DIAGNOSIS CODES (list is not all-inclusive)</b>	
<b>Code</b>	<b>Description</b>
I05.0 – I09.9	Rheumatic heart disease
I20.0 – I20.9	Angina pectoris
I21.01 – I21.3	ST elevation (STEMI) myocardial infarction
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0 – I22.9	Subsequent ST (STEMI) or non-ST (NSTEMI) elevation myocardial infarction
I25.10 – I25.9	Chronic ischemic heart disease
I34.0 – I34.9	Non-rheumatic mitral valve disorders
I35.0 – I35.9	Non-rheumatic aortic valve disorders
I36.0 – I36.9	Non-rheumatic tricuspid valve disorders
I37.0 – I37.9	Non-rheumatic pulmonary valve disorders
I50.1 – I50.9	Heart failure
Z51.89	Encounter for other specified aftercare
Z94.1	Heart transplant status
Z94.3	Heart and lung transplant status
Z95.0 – Z95.5	Presence of cardiac and vascular implants and grafts
Z98.61	Coronary angioplasty status

**5.0 Unique Configuration/Prior Approval/Coverage Details:**

None.

**6.0 Terms & Definitions:**

Prescription (script), Order, or Referral:

1. Written by a Medical Doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM), Dentist (DDS), Physician Assistant (PA), or a Nurse Practitioner (NP) on behalf of a physician.
2. A chiropractor cannot order physical therapy in the state of Michigan.
  - a. Signed scripts must specify “Eval and Treat” or a frequency and duration
  - b. For scripts that are written for a future start of care date related to post-op treatment, treatment to start within 30 days of the start of care date specified
  - c. Scripts are valid for the frequency and/or duration specified OR up to 90 days

Risk Stratification – Medical decision-making using lab and clinical testing to determine a person’s probability of succumbing to a disease or benefiting from a treatment for that disease. Measured as “high,” “moderate”, or “low.”

**7.0 References, Citations & Resources:**

1. American College of Cardiology, CMS Approves Supervised Exercise Therapy for Some PAD Patients, 06/01/17. Available at: <http://www.acc.org/latest-in->

[cardiology/articles/2017/06/01/11/53/cms-approves-supervised-exercise-therapy-for-some-pad-patients](https://www.ccardiology/articles/2017/06/01/11/53/cms-approves-supervised-exercise-therapy-for-some-pad-patients).

2. American Heart Association, "What is Cardiac Rehabilitation?" July 2016. Available at: <https://www.heart.org/en/health-topics/cardiac-rehab/what-is-cardiac-rehabilitation>
3. Medicare National Coverage Determinations, Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD), 5/25/2017. Available at: <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=287>

**8.0 Associated Documents [For internal use only]:**

Policy and Procedure (P&P) - MMP-09 Benefit Determinations, MMP-02 Transition and Continuity of Care.

Standard Operating Procedure (SOP) – MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-45 UM Nurse Review, MMS-52 Inpatient Case Process in CCA; MMS-53 Outpatient Case Process in CCA

Letter – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Letter; Lack of Information Letter

Form – Request Form: Out of Network/ Prior Authorization

**9.0 Revision History:**

Original Effective Date: 8/1/2016

Next Review Date: 01/01/2025

Revision Date	Reason for Revision
7/16	Policy created
7/17	Annual review – converted from Medical Policy 033 to Benefit Coverage Policy format. Specified program must be ECG monitored.
12/17	QI/MRM approved removing PA requirement
7/18	CPT 93668 changed from not covered to covered.
9/19	Annual review; MCG reference removed.
10/20	Annual review, code cost share references updated
10/21	Annual review
11/22	Annual review, added ASO groups L0002237 and L0002193, updated references
10/23	Annual review, updated associated documents