



Cardiac Rehabilitation Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Cardiac Rehabilitation		
MNG #: 052	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 3/4/2021;	Effective Date: 5/22/2021;
Last Revised Date: 3/4/2021; 6/2/2022; 6/8/2023;	Next Annual Review Date: 3/4/2022; 6/2/2023; 6/8/2024;	Retire Date:

OVERVIEW:

Cardiac rehabilitation is a professionally supervised program to help members recover from heart attacks, heart surgery, and percutaneous coronary interventions such as stenting and angioplasty. Cardiac rehabilitation helps members with heart disease enhance their health and physical abilities. While exercise is an important component of cardiac rehabilitation, education and counseling are additional features of this service. Effective cardiac rehabilitation helps members recover from a cardiac event and learn to successfully manage their heart condition.

Cardiac rehabilitation occurs in four phases:

1. Phase I (Inpatient Rehabilitation) - in the hospital. The goal of Phase I cardiac rehabilitation is to ensure members are physically and mentally able to be discharged
2. Phase II (Outpatient Rehabilitation) - in an outpatient setting with electrocardiographic (ECG) monitoring. The goal of Phase II is to establish exercise practices for members which are safe and effective for their cardiac health. Plans are then made to strengthen their cardiac health beyond supervised rehabilitation
3. Phase III - occurs in an outpatient facility for up to 12 months after a cardiac event. ECG monitoring is not typical during this rehabilitation stage and supervision is less strict than in Phase II.
4. Phase IV - is a long-term change in lifestyle that begins in and then follows the earlier stages of cardiac rehabilitation. Follow-up visits may occur during Phase IV to ensure continued adherence to the program of healthier diet, exercise, and lifestyle choices.

Intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. The following ICR programs have been approved by the Center for Medicaid & Medicare Services (CMS) to meet ICR requirements:



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1. Dr. Ornish's Program for Reversing Heart Disease.
2. Pritikin Program.
3. Benson-Henry Institute Cardiac Wellness Program

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations for cardiac rehabilitation requests.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

Phase II Cardiac Rehabilitation may be covered for Members who have experienced one or more of the following conditions:

- Acute myocardial infarction (MI);
- Coronary artery bypass surgery (CABG);
- Current stable angina pectoris;
- Valve replacement or repair;
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;
- Heart Transplantation or heart-lung transplantation;
- Chronic Congestive Heart Failure, defined as patients with all of the following;
 - 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 6 weeks; and
 - Clinically stable defined as not having had a recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalization or procedures.
- Sustained ventricular tachycardia or fibrillation;
- Survivor of sudden cardiac death;
- Placement of a ventricular assist device;
- Symptomatic peripheral artery disease;
- Coronary artery disease verified by a positive exercise tolerance test, thallium scan, or coronary angiography in the absence of MI or angina pectoris (**One Care** and **Senior Care Options** Members only).

ICR may be covered for Members who have experienced one or more of the following conditions:

- Acute myocardial infarction (MI);
- Coronary artery bypass surgery (CABG);



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- Current stable angina pectoris;
- Valve replacement or repair;
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting;
- Heart Transplantation or heart-lung transplantation;
- Chronic Congestive Heart Failure, defined as patients with all of the following
 - 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 6 weeks; and
 - Clinically stable defined as not having had a recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalization or procedures.

LIMITATIONS/EXCLUSIONS:

1. Phase II Cardiac rehabilitation can be authorized for up to a maximum of 2 one-hour sessions daily for up to 36 sessions over up to 36 weeks. Additional cardiac rehabilitation services may be considered medically necessary for a repeat occurrence of any covered condition. CCA may cover additional phase II cardiac rehabilitation services beyond 36 weeks with an additional Prior Authorization request. Coverage may not exceed a total of 72 sessions.
2. ICR may be provided in a series of 72 one-hour sessions (as defined in section 1848(b)(5)), up to 6 sessions per day, over a period of up to 18 weeks).

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

CPT Codes:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not signify whether the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply. This Medical Necessity Guideline is subject to all applicable laws and regulations, Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).



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Code	Descriptor
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
S9472	Cardiac rehabilitation program, non-physician provider, per diem
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure. Effective date 2/18/2014.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31.3 Benson-Henry Institute Cardiac Wellness Program. Effective date 5/6/2014.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31 Intensive Cardiac Rehabilitation (ICR) Programs. 3/22/2006.

Centers for Medicare & Medicaid Services (CMS). National Coverage Analysis CAG-00089R Cardiac Rehabilitation Programs.

Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31.1 Pritikin Program. Effective date 8/12/2010.

MassHealth, 105 CMR 143.000 Standard Governing Cardiac Rehabilitation Treatment

RELATED REFERENCES:

- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure. Effective date 2/18/2014. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=359&ncdver=1&keywordtype=starts&keyword=cardiac%20reha&bc=0>.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31 Intensive Cardiac



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Rehabilitation (ICR) Programs. Effective date 8/12/2010. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=339&ncdver=1&bc=0>.

3. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31.1 The Pritikin Program. Effective date 8/12/2010. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=340&ncdver=1&bc=0>.
4. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31.2 Ornish Program for Reversing Heart Disease. Effective date 8/12/2010. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=341&ncdver=1&bc=0>.
5. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31.3 Benson-Henry Institute Cardiac Wellness Program. Effective date 5/6/2014. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=362&ncdver=1&bc=0>.
6. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination 20.31 Intensive Cardiac Rehabilitation (ICR) Programs. 3/22/2006. <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=164&NcaName=Cardiac>.
7. MassHealth, 105 CMR 143.000 Standard Governing Cardiac Rehabilitation Treatment. <https://www.mass.gov/doc/105-cmr-143-standards-governing-cardiac-rehabilitation-treatment/download#:~:text=Cardiac%20rehabilitation%20treatment%20shall%20be,cardiovascular%20surgery%20and%20myocardial%20infarction>.

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

REVISION LOG:

REVISION DATE	DESCRIPTION
6/5/2023	Relaxed cardiac rehabilitation sessions to agree with CMS.
6/2/2022	Template changed to include PA requirements and benefit type. Added Intensive Cardiac Rehabilitation Program requirements.



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APPROVALS:

CCA Business Process Owner	
Stefan Topolski, MD	Medical Director
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<i>Stefan Topolski</i>	6/2/2022
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CCA Senior Clinical/Operational Lead	
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CCA CMO or Designee	
Nazlim Hagmann, MD	Chief Medical Officer
Print Name	Print Title
<i>Nazlim Hagmann</i>	6/8/2023
Signature	Date