

# Rehabilitation: Cardiac Rehabilitation Services (Outpatient)

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• <a href="#">Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)</a>
• <a href="#">Benson-Henry Institute Cardiac Wellness Program (NCD 20.31.3)</a>
• <a href="#">Intensive Cardiac Rehabilitation (ICR) Programs (NCD 20.31)</a>
• <a href="#">Ornish Program for Reversing Heart Disease (NCD 20.31.2)</a>
• <a href="#">Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)</a>
• <a href="#">The Pritikin Program (NCD 20.31.1)</a>

## Coverage Guidelines

Outpatient cardiac rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) services may be covered when Medicare coverage criteria are met.

### Cardiac Rehabilitation (CR) Exercise Programs

- As specified at 42 CFR 410.49 (c) , Medicare covers cardiac rehabilitation items and services for patients who have experienced one or more of the following:
  - Effective on or after January 1, 2010
    - An acute myocardial infarction (MI) within the preceding 12 months
    - A coronary artery bypass surgery
    - Current stable angina pectoris
    - Heart valve repair replacement
    - Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
    - A heart or heart lung transplant
    - Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal medical therapy for at least 6 weeks, on or after February 18, 2014 for CR and on or after February 9, 2018 for ICR; or
    - Other cardiac conditions as specified through a national coverage determination (NCD). The NCD process may also be used to specify non-coverage of a cardiac condition for ICR if coverage is not supported by clinical evidence.
- CR programs must include the following components (effective for services furnished on or after January 1, 2010):
  - The physician-prescribed exercise.
  - Cardiac risk factor modification.
  - Psychosocial assessment.
  - Outcomes assessment.
  - An individualized treatment plan.

Notes:

- CR 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 when items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for the direct supervision for physician office services as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.
- As specified at 42 CFR 410.49(f)(1), CR 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 if approved by the Medicare contractor under section 1862(a)(1)(A) of the Act.

Refer to:

- [Medicare Claims Processing Manual, Chapter 32, §140 – Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs](#)
- [Medicare Benefit Policy Manual, Chapter 15 § 232 – Cardiac Rehabilitation \(CR\) and Intensive Cardiac Rehabilitation \(ICR\) Services Furnished On or After January 1, 2010.](#)
- [NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure \(20.10.1\).](#)

(Accessed June 8, 2021)

## Intensive Cardiac Rehabilitation (ICR) Programs

ICR programs effective for services furnished on or after January 1, 2010.

ICR is covered when both requirements for [Cardiac Rehabilitation \(CR\) Exercise Programs](#) are met and the intensive cardiac rehabilitation programs must be approved by Medicare. Refer to list of Medicare approved programs in the [Medicare Approved Intensive Cardiac Rehabilitation \(ICR\) Programs](#) section.

As required by §1861(eee)(4)(A) of the Social Security Act (the Act), to be approved, as an ICR program, 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.
- Reduced the need for percutaneous coronary interventions.

An ICR 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 CR services to after CR services:

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

Notes:

- ICR 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 when items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for direct supervision for physician office services as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.
- As specified at 42 CFR 410.49(f)(2), ICR program sessions are limited to 72 one-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

Refer to:

- [NCD for Intensive Cardiac Rehabilitation \(ICR\) Programs \(20.31\).](#)
- [NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure \(20.10.1\).](#)

- [Medicare Claims Processing Manual, Chapter 32, §140 – Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs.](#)
- [Medicare Benefit Policy Manual, Chapter 15 § 232 – Cardiac Rehabilitation \(CR\) and Intensive Cardiac Rehabilitation \(ICR\) Services Furnished on or After January 1, 2010.](#)

(Accessed June 8, 2021)

Local Coverage Determinations (LCDs) Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. (Accessed June 8, 2021)

### **Effective February 9, 2018**

Section 51004 of the Bipartisan Budget Act (BBA) of 2018, Pub. L. No. 115-123 (2018), amended section 1861(eee)(4)(B) of the Social Security Act to expand coverage in an intensive cardiac rehabilitation program to additional conditions:

- Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks; or
- Any additional condition for which the Secretary has determined that a cardiac rehabilitation program shall be covered, unless the Secretary determines, using the same process used to determine that the condition is covered for a cardiac rehabilitation program, that such coverage is not supported by the clinical evidence.

Note: CMS plans to amend our intensive cardiac rehabilitation regulations specified at 42 CFR 410.49 to reflect this expanded coverage. CMS anticipates that the changes will be included in the 2020 Medicare Physician Fee Schedule notice of proposed rulemaking. However, because the expanded coverage under the statutory change was effective on enactment, expanded coverage for these conditions will be made effective for services furnished on or after February 9, 2018.

Refer to the [Medicare Benefit Policy Manual, Chapter 15 § 232 – Cardiac Rehabilitation \(CR\) and Intensive Cardiac Rehabilitation \(ICR\) Services Furnished on or After January 1, 2010](#). (Accessed June 8, 2021)

### **Medicare Approved 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); refer to the [NCD for The Pritikin Program \(20.31.1\)](#). (Accessed June 8, 2021)
- Dr. Ornish's Program for Reversing Heart Disease (effective August 12, 2010); refer to the [NCD for Ornish Program for Reversing Heart Disease \(20.31.2\)](#). (Accessed June 8, 2021)
- Benson-Henry Institute Cardiac Wellness Program (effective May 6, 2014); refer to the [NCD for Intensive Cardiac Rehabilitation Program – Benson-Henry Institute Cardiac Wellness Program \(20.31.3\)](#). (Accessed June 8, 2021)

For the CMS approved intensive cardiac rehabilitation (ICR) programs, refer to the Medicare Approved Facilities/Trials/Registries at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/ICR.html>. (Accessed June 8, 2021)

### **Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)**

Refer to the Coverage Summary titled [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#).

## **Policy History/Revision Information**

Date	Summary of Changes
06/14/2021	<p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• Revised language to indicate outpatient Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) services <i>may be</i> covered when Medicare coverage criteria are met</li> </ul> <p><b>Cardiac Rehabilitation (CR) Exercise Programs</b></p> <ul style="list-style-type: none"> <li>• Revised coverage criteria for cardiac rehabilitation items or services:               <ul style="list-style-type: none"> <li>○ Added criterion requiring:</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ [Patient has experienced] other cardiac conditions as specified through a National Coverage Determination (NCD); the NCD process may also be used to specify non-coverage of a cardiac condition for ICR if coverage is not supported by clinical evidence</li> <li>○ Replaced criterion requiring: <ul style="list-style-type: none"> <li>▪ “<i>A documented diagnosis of an acute myocardial infarction (MI)</i>” with “an acute myocardial infarction (MI)”</li> <li>▪ “Optimal <i>heart failure</i> therapy for at least 6 weeks” with “optimal <i>medical</i>/therapy for at least 6 weeks”</li> </ul> </li> <li>● Updated list of required CR program components; replaced: <ul style="list-style-type: none"> <li>○ “The physician-prescribed exercise <i>each day cardiac rehabilitation items and services are furnished</i>” with “the physician-prescribed exercise”</li> <li>○ “Cardiac risk factor modification <i>including education, counseling, and behavioral intervention at least once during the program, tailored to patients’ individual needs</i>” with “cardiac risk factor modification”</li> <li>○ “An individualized treatment plan <i>detailing how components are utilized for each patient</i>” with “an individualized treatment plan”</li> </ul> </li> <li>● Updated notation pertaining to CR program frequency to clarify: <ul style="list-style-type: none"> <li>○ <i>As specified at 42 CFR § 410.49(f)(1)</i>, CR 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 if approved by the Medicare contractor <i>under § 1862(a)(1)(A) of the [Social Security] Act</i></li> </ul> </li> </ul> <p><b>Intensive Cardiac Rehabilitation (ICR) Programs</b></p> <ul style="list-style-type: none"> <li>● Added reference link to the NCD for <i>Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)</i></li> <li>● Removed reference link to the NCD for <i>Cardiac Rehabilitation Programs (20.10)</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Archived previous policy version MCS078.01</li> </ul>

## Instructions for Use

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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 are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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