Coverage Summary

Rehabilitation: Cardiac Rehabilitation Services (Outpatient)

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<td>R-005</td>
<td>UnitedHealthcare Medicare Advantage Plans</td>
<td>Last Review Date: 06/19/2018</td>
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Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee

Related Medicare Advantage Policy Guidelines:

- Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)
- 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)
- Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
- The Pritikin Program (NCD 20.31.1)

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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.

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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I. COVERAGE

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

Guidelines/Notes:

1. Cardiac Rehabilitation Exercise Programs
   a. As specified at 42 CFR 410.49, 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**
- 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

**Effective February 18, 2014**
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.

b. 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 cardiovascular 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 time 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 as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27. 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.

See the Medicare Claims Processing Manual, Chapter 32, §140 - Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs. Also see the NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1). (Accessed June 5, 2018)

**2. Intensive Cardiac Rehabilitation Programs (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. See list of Medicare approved programs **below**.

a. As required by §1861(eee)(4)(A) of the Social Security Act (the Act), 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 time 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 as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.

- **Frequency:** As specified at 42 CFR 410.49(f)(2), 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.

- **See the NCD for Intensive Cardiac Rehabilitation (20.31).** (Accessed June 5, 2018)

- **Effective January 1, 2010,** the **NCD for Cardiac Rehabilitation Programs (20.10)** was repealed as a result of section 144 of the Medicare Improvements for Patients and Providers Act. Instead, see the **Medicare Claims Processing Manual, Chapter 32, §140 - Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs** for detailed Medicare coverage, billing and coding information for cardiac rehabilitation and intensive cardiac rehabilitation. (Accessed June 5, 2018)


c. **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); see the **NCD for The Pritikin Program (20.31.1).** (Accessed June 5, 2018)

- **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).** (Accessed June 5, 2018)
3. 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

04/01/2019 Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] 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)

06/19/2018 Annual review with the following updates:
Guideline 1 (Cardiac Rehabilitation Exercise Programs)
- Deleted the following language (unable to find the applicable Medicare reference):
  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 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.

  - Added the applicable CFR references
  - Added the applicable effective dates for coverage criteria
  - Added the coverage language for Cardiac Rehabilitation Services For Patients With Congestive Heart (moved from Guideline 3)
  - Added the following Medicare references:
    - Medicare Claims Processing Manual, Chapter 32, §140 - Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and
Pulmonary Rehabilitation Programs.
- NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1).

Guideline 2 [Intensive Cardiac Rehabilitation Programs (effective for services furnished on or after January 1, 2010)]

- Added a reference link to the Medicare approved intensive cardiac rehabilitation programs.
- Added the applicable Social Security Act (the Act) and CFR references

Guideline 3 (Cardiac Rehabilitation Services For Patients With Congestive Heart) – moved guideline as part of Guideline 1

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 1 (Cardiac Rehabilitation Exercise Program)
- Deleted “stable angina pectoris” from list of covered diagnosis
- Added reference link to the National Coverage Determination (NCD) for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1)

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