Coverage Summary

Rehabilitation: Cardiac Rehabilitation Services (Outpatient)

<table>
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<tr>
<th>Policy Number: R-005</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 12/15/2008</th>
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<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 06/16/2020</td>
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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 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 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 and the Medicare Benefit Policy Manual, Chapter 15 § 232 – Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished On or After January 1, 2010.

Also see the NCD for Cardiac Rehabilitation Programs for Chronic Heart Failure (20.10.1). (Accessed June 9, 2020)

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 in Guideline #3 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 9, 2020)
• 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 9, 2020)
• Also see 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 9, 2020)
• 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.

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.

See 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 9, 2020)

3. 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 9, 2020)

• 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 9, 2020)

• 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). (Accessed June 9, 2020)

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 9, 2020)

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

None

III. REFERENCES

See above

IV. REVISION HISTORY

06/16/2020 • Routine review; no change to coverage guidelines