CARDIAC REHABILITATION PROGRAMS FOR CHRONIC HEART FAILURE (NCD 20.10.1)

Guideline Number: MPG040.04

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Related Medicare Advantage Policy Guidelines
- Bensen-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)
- The Pritikin Program (NCD 20.31.1)

Related Medicare Advantage Coverage Summary
- Rehabilitation: Cardiac Rehabilitation Services (Outpatient)

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®**), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.
**CPT® is a registered trademark of the American Medical Association.
PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

POLICY SUMMARY

Overview

Services and items furnished under a Cardiac Rehabilitation (CR) program may be covered under Medicare Part B. Among other things, Medicare regulations at 42CFR410.49 define key terms, establish the standards for physician supervision, address the components of a CR program, and limit the maximum number of program sessions that may be furnished. The regulations also describe the cardiac conditions that would enable a beneficiary to obtain CR services.

Coverage is permitted for beneficiaries who have experienced one or more of the following with effective dates of service on and after January 1, 2010:

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypasses surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- A heart or heart-lung transplant

The Centers for Medicare & Medicaid Services (CMS) may add “other cardiac conditions as specified through a national coverage determination” (See 42 CFR §410.49(b) (1) (vii).

Guidelines

Nationally Covered Indications

Effective for dates of service on and after February 18, 2014, CMS has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR §410.49(b) (1) (vii) to beneficiaries with 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 six weeks. Stable patients are defined as patients who have not had recent (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalizations or procedures.

Nationally Non-Covered Indications

Any cardiac indication not specifically identified as covered in this NCD or any other NCD in relation to cardiac rehabilitation services is considered non-covered.

Program Setting

Cardiac Rehabilitation services must be furnished in a physician’s office or a hospital outpatient setting.

APPLICABLE CODES

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 imply 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. Other Policies and Guidelines may apply.

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<th>CPT Code</th>
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<tr>
<td>93797</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
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CPT Code | Description
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93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

Modifier | Description
--- | ---
KX | Requirements specified in the medical policy have been met

Bill Type | Description
--- | ---
013X | Hospital outpatient
085X | Critical access hospital

Place of Service Code | Description
--- | ---
11 | Office
19 | Off Campus-Outpatient Hospital
22 | On Campus-Outpatient Hospital

ICD-10 Diagnosis Codes

QUESTIONS AND ANSWERS

Q: When is the KX modifier to be used?
A: KX modifier on the claim line(s) is an attestation by the provider of the service that documentation is on file verifying that further treatment beyond 36 sessions of Cardiac Rehabilitation (CR) up to a total of 72 sessions meets the requirements of the medical policy.

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure
Reference NCDs: NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs, NCD 20.31.1 The Pritikin Program, NCD 20.31.2 Ornish Program for Reversing Heart Disease, NCD 20.31.3 Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program

CMS Local Coverage Determinations (LCDs)

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CMS Articles

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<td>A53775 (Frequency and Duration for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Supplemental Instruction Article) Palmetto</td>
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<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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**CMS Benefit Policy Manual**

Chapter 6; § 20.5.2 Coverage of Outpatient Therapeutic Services Incident to a Physician’s Service Furnished on or After January 1, 2010

Chapter 15; § 232 Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished On or After January 1, 2010

**CMS Claims Processing Manual**

Chapter 32; § 140.2-140.2.2.6 Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010, § 140.3 Intensive Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010, § 140.3.1 Coding Requirements for Intensive Cardiac Rehabilitation Services Furnished On or After January 1, 2010

**CMS Transmittals**

Transmittal 125, Change Request 7113, Dated 09/24/2010 (Intensive Cardiac Rehabilitation (ICR) Programs - Dr. Ornish's Program for Reversing Heart Disease and the Pritikin Program)

Transmittal 126, Change Request 6850, Dated 05/21/2010 (Cardiac Rehabilitation and Intensive Cardiac Rehabilitation)

Transmittal 171, Change Request 8758, Dated 07/18/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)

Transmittal 193, Change Request 8758, Dated 08/28/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)

Transmittal 3058, Change Request 8758, Dated 08/29/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)

Transmittal 3084, Change Request 8894, Dated 10/03/2014 (Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program)

**MLN Matters**

Article MM6850, Revised, Cardiac Rehabilitation and Intensive Cardiac Rehabilitation

Article MM7113, Intensive Cardiac Rehabilitation (ICR) Programs-Dr. Ornish’s Program for Reversing Heart Disease and the Pritikin Program

Article MM8758, Revised, Cardiac Rehabilitation Programs for Chronic Heart Failure

**Others**

Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure (CAG-00437N) Date: February 18, 2014, CMS Website

Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Dr. Ornish’s Program for Reversing Heart Disease (CAG-00419N) Date: August 12, 2010, CSM Website

Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Pritikin Program (CAG-00418N) Date: August 12, 2010, CMS Website

Proposed Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Benson-Henry Institute Cardiac Wellness Program (CAG-00434N) Date: February 27, 2014, CMS Website

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**GUIDELINE HISTORY/REVISION INFORMATION**

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

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<td>10/10/2018</td>
<td>• Annual review</td>
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