INTENSIVE CARDIAC REHABILITATION (ICR) PROGRAMS (NCD 20.31)

Guideline Number: MPG166.04

Approval Date: May 9, 2018

Table of Contents

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY SUMMARY</td>
<td>1</td>
</tr>
<tr>
<td>APPLICABLE CODES</td>
<td>1</td>
</tr>
<tr>
<td>QUESTIONS AND ANSWERS</td>
<td>2</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>2</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>2</td>
</tr>
<tr>
<td>GUIDELINE HISTORY/REVISION INFORMATION</td>
<td>3</td>
</tr>
<tr>
<td>TERMS AND CONDITIONS</td>
<td>3</td>
</tr>
</tbody>
</table>

POLICY SUMMARY

Overview

Intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. As required by §1861(eee)(4)(A) of the Social Security Act (the Act), an ICR program must show, in peer-reviewed published research, that it 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; or
- Reduced the need for percutaneous coronary interventions.

The ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in five 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; or
- The need for cholesterol, blood pressure diabetes and medications.

Individual ICR programs must be approved through the national coverage determination process to ensure that they demonstrate these accomplishments.

Guidelines

Payment may be made when the specified guidelines are met.

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.
<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</td>
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<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
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<tbody>
<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
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<table>
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<tr>
<th>Place of Service Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>11</td>
<td>Office</td>
</tr>
<tr>
<td>19</td>
<td>Off campus - outpatient hospital</td>
</tr>
<tr>
<td>22</td>
<td>On campus - outpatient hospital</td>
</tr>
</tbody>
</table>

**QUESTIONS AND ANSWERS**

1. **Q**: When is the KX modifier to be used?
   **A**: Inclusion of the KX modifier on the claim line(s) will be accepted as an attestation by the provider of the service that documentation is on file verifying further treatment beyond the 126 days and meets the ICR coverage requirements.

2. **Q**: What is the supplier specialty code 31?
   **A**: Supplier specialty code 31 is a valid specialty code for Intensive Cardiac Rehabilitation (ICR)

**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.

**REFERENCES**

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

**CMS Local Coverage Determinations (LCDs)**

<table>
<thead>
<tr>
<th>LCD</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>L34412 (Cardiac Rehabilitation) Palmetto</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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**CMS Articles**

<table>
<thead>
<tr>
<th>Article</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
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<tr>
<td>A53775 (Frequency and Duration for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Supplemental Instruction Article) Palmetto</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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<td>A55758 (Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Physician Requirements) Novitas</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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Intensive Cardiac Rehabilitation (ICR) Programs (NCD 20.31)

UnitedHealthcare Medicare Advantage Policy

Approved 05/09/2018

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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 1798, Change Request 9982, Dated 02/17/2017 (Coding Revisions to National Coverage Determinations (NCDs))
Transmittal 1854, Change Request 10086, Dated 05/26/2017 (ICD-10 Coding Revisions to NCD)
Transmittal 3073, Change Request 8812, Dated 09/23/2014 (New Physician Specialty Code for Interventional Cardiology)
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 MM8894, Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program

UnitedHealthcare Commercial Policies
Rehabilitation Services (Outpatient)

Others
Intensive Cardiac Rehabilitation (ICR) Programs, Medicare Approved Facilities/Trials/Registries, CMS Website

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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<th>Date</th>
<th>Action/Description</th>
</tr>
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<tbody>
<tr>
<td>04/01/2019</td>
<td>• Reorganized policy template; relocated Terms and Conditions and Purpose section</td>
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</table>
| 05/09/2018 | • Annual review
             • Updated list of related policies to reflect title change for Benson-Henry Institute Cardiac Wellness Program (NCD 20.31.3) (previously titled Intensive Cardiac Rehabilitation Program – Benson-Henry Institute Cardiac Wellness Program (NCD 20.31.3)) |

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.

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*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.