

Intensive Cardiac Rehabilitation (ICR) Programs (NCD 20.31)

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines

- [Benson-Henry Institute Cardiac Wellness Program \(NCD 20.31.3\)](#)
- [Cardiac Rehabilitation Program for Chronic Heart Failure \(NCD 20.10.1\)](#)
- [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 \(Outpatient\)](#)

Policy Summary

[↪ See Purpose](#)

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:

- Body mass index;
- Diastolic blood pressure;
- Systolic blood pressure;
- Low density lipoprotein;
- Triglycerides; and
- 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

ICR program services for members who have experienced one or more of the following:

- An acute myocardial infarction within the preceding 12 months;
- A coronary artery bypass surgery;
- Current stable angina pectoris;
- Heart valve repair or replacement;
- Percutaneous transluminal coronary angioplasty 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 heart failure therapy for at least 6 weeks (Effective February 9, 2018)

ICR programs must include the following components:

- 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;
- An individualized treatment plan detailing how components are utilized for each patient;
- All items and services must be furnished in a physician's office or a hospital outpatient setting.
- ICR program sessions are limited to 72 1-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

Applicable Codes

The following list(s) of procedure and/or diagnosis 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.

HCPSC Code	Description
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

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

Place of Service Code	Description
11	Office
19	Off campus - outpatient hospital
22	On campus - outpatient hospital

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 that any further sessions beyond 72 sessions within a 126 day period counting from the date of the first session or for any sessions provided after 126 days from the date of the first session meet the requirements of the medical policy.

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) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A53775 Frequency and Duration for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation Supplemental Instruction Article	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A55758 Cardiac Rehabilitation CR and Intensive Cardiac Rehabilitation ICR Physician Requirements	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

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 Transmittal(s)

[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 2298, Change Request 11229, Dated 05/03/2019 \(ICD-10 and Other Coding Revisions to the NCDs\)](#)

[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 \(Intensive Cardiac Rehabilitation Program - Benson-Henry Institute Cardiac Wellness Program\)](#)

[Transmittal 4222, Change Request 11117, Dated 02/01/2019 \(Update to Intensive Cardiac Rehabilitation \(ICR\) Programs\)](#)

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](#)

[Article MM11117, Update to Intensive Cardiac Rehabilitation \(CR\) Programs](#)

Other(s)

[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.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
05/13/2020	Questions and Answers (Q&A) <ul style="list-style-type: none">Removed Q&A pertaining to “supplier specialty code 31” Supporting Information <ul style="list-style-type: none">Archived previous policy version MPG166.05

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 NCDs, LCDs, LCAs, 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.

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](#).