

Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35)

Guideline Number: MPG369.06

Approval Date: April 14, 2021

[Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary

- [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#)

Policy Summary

[See Purpose](#)

Overview

Research has shown supervised exercise therapy (SET) to be an effective, minimally invasive method to alleviate the most common symptom associated with peripheral artery disease (PAD) – intermittent claudication (IC). SET has been shown to be significantly more effective than unsupervised exercise, and could prevent the progression of PAD and lower the risk of cardiovascular events that are prevalent in these patients. SET has also been shown to perform at least as well as more invasive revascularization treatments that are covered by Medicare.

Guidelines

The Centers for Medicare & Medicaid Services (CMS) has determined that there is sufficient evidence to cover supervised exercise therapy (SET) for beneficiaries with intermittent claudication (IC) for the treatment of symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12 week period are covered if all of the following components of a SET program are met. The SET program must:

- Consist of sessions lasting 30-60 minutes comprising a therapeutic exercise-training program for PAD in patients with claudication
- Be provided in a hospital outpatient setting, or a physician’s office;
- Be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD; and
- Be under the direct supervision of a physician (as defined in 1861(r) (1)), physician assistant, or nurse practitioner/clinical nurse specialist (as identified in 1861(aa) (5)) who must be trained in both basic and advanced life support techniques.

Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments.

SET is non-covered for beneficiaries with contraindications to exercise as determined by their primary physician.

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.

CPT Code	Description
93668	Peripheral arterial disease (PAD) rehabilitation, per session

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

References

CMS National Coverage Determinations (NCDs)

[NCD 20.35 Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L37774 Supervised Exercise Therapy for the Treatment of Peripheral Arterial Disease with Symptomatic Lower Extremity Intermittent Claudication	A56384 Billing and Coding: Supervised Exercise Therapy for the Treatment of Peripheral Arterial Disease with Symptomatic Lower Extremity Intermittent Claudication	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

CMS Transmittal(s)

[Transmittal 3853, Change Request 10236, Dated 08/25/2017 \(October 2017 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

[Transmittal 4049, Change Request 10295, Dated 05/11/2018 \(Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)\)](#)

[Transmittal 4229, Change Request 11022, Dated February 1, 2019 \(Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)—Clarification of Payment Rules and Expansion of International Classification of Diseases Tenth Edition \(ICD-10\) Diagnosis Codes\)](#)

MLN Matters

[Article MM10236, October 2017 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM10295, Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\)](#)

Other(s)

[Decision Memo for Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\) \(CAG-00449N\) 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
04/14/2021	<p>Policy Summary</p> <p>Guidelines</p> <ul style="list-style-type: none">Removed language indicating:<ul style="list-style-type: none">The Centers for Medicare & Medicaid Services (CMS) determined that the National Coverage Determination (NCD) requiring coverage of supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD) would be considered a significant cost under <i>42 Code of Federal Regulations (CFR) section 422.109(a)(2)</i>For calendar years 2017 and 2018 only, claims were submitted to original fee-for-service Medicare for reasonable and necessary items and services obtained by members enrolled in Medicare Advantage (MA) plans <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MPG369.05

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.

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](#).