

# Cardiac Rehabilitation Services – Outpatient

Policy Number: BIP138.M  
Effective Date: April 1, 2022

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	1
<a href="#">Covered Benefits</a> .....	1
<a href="#">Not Covered</a> .....	1
<a href="#">Definitions</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policies
None

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Outpatient cardiac rehabilitation services when medical criteria are met.

For medical necessity clinical coverage criteria, refer to the InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation & Chiropractic.

Click [here](#) to view the InterQual® criteria.

Note: Cardiac Rehabilitation Services must be performed by a Physician, a licensed therapy Provider, or qualified autism service Provider or other Provider licenses, certified, or otherwise authorized under state law to perform the service, and within the Provider’s scope of practice. Benefits under this section include rehabilitation services provided in a Physician’s office or on an outpatient basis at a Hospital or Alternate Facility. Rehabilitative services provided in a Member’s home by a home health agency are provided as described under Home Health Care Visits. Rehabilitative services provided in a Member’s home other than by a home health agency are provided as described under this section.

## Not Covered

Cardiac rehabilitation services that do not meet medical criteria.

## Definitions

**Cardiac Rehabilitation Program:** Comprehensive, long-term services involving medical evaluation, prescribed exercise and monitoring, cardiac risk factor modification, education and counseling.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2022	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"><li>Replaced reference to “InterQual® 2021, LOC: Outpatient Rehabilitation &amp; Chiropractic” with “InterQual® 2022, Mar. 2022 Release, LOC: Outpatient Rehabilitation &amp; Chiropractic”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version BIP138.L</li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.