

Cardiac Rehabilitation Services – Outpatient

Policy Number: BIP138.Q
Effective Date: February 1, 2025

[➔ Instructions for Use](#)

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| 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 performed by a physician, a licensed therapy provider, or qualified autism service provider or other provider licensed, certified, or otherwise authorized under state law to perform the service, and within the provider’s scope of practice and provided in a physician’s office or on an outpatient basis at a hospital or alternate facility are covered.

Note: Rehabilitative services provided in a member’s home by a:

- Home health agency are provided as described under the home health care benefit.
- Provider other than a home health agency are provided as described under the outpatient rehabilitation services benefit.

Not Covered

Cardiac Rehabilitation services that do not meet the above criteria.

Definitions

Cardiac Rehabilitation: Cardiac rehab is a medically supervised program designed to improve your cardiovascular health if you have experienced heart attack, heart failure, angioplasty, or heart surgery. Cardiac rehab has three equally important parts:

- **Exercise counseling and training:** Exercise gets your heart pumping and your entire cardiovascular system working. You’ll learn how to get your body moving in ways that promote heart health.

- **Education for heart-healthy living:** A key element of cardiac rehab is educating yourself: How can you manage your risk factors and take care of yourself? Quit smoking? Make heart-healthy nutrition choices?
- **Counseling to reduce stress:** Stress hurts your heart. This part of cardiac rehab helps you identify and tackle everyday sources of stress.

References

American Heart Association. "Cardiac Rehab". www.heart.org, [What is Cardiac Rehabilitation? | American Heart Association](#). Accessed October 21, 2024.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 02/01/2025 | <p>Covered Benefits</p> <ul style="list-style-type: none"> • Revised language to indicate: <ul style="list-style-type: none"> ○ Outpatient Cardiac Rehabilitation services performed by a physician, a licensed therapy provider, or qualified autism service provider or other provider licensed, certified, or otherwise authorized under state law to perform the service, and within the provider's scope of practice and provided in a physician's office or on an outpatient basis at a hospital or alternate facility are covered ○ Rehabilitative services provided in a member's home by a: <ul style="list-style-type: none"> ▪ Home health agency are provided as described under the home health care benefit ▪ Provider other than a home health agency are provided as described under the outpatient rehabilitation services benefit <p>Not Covered</p> <ul style="list-style-type: none"> • Replaced language indicating "Cardiac Rehabilitation services that do not meet <i>medical</i> criteria [are not covered]" with "Cardiac Rehabilitation services that do not meet <i>the</i> criteria [<i>listed in the policy</i> are not covered]" <p>Definitions</p> <ul style="list-style-type: none"> • Updated definition of "Cardiac Rehabilitation" <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP138.P |

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.