

Cardiac Rehabilitation Services – Outpatient

Policy Number: BIP139.P
Effective Date: February 1, 2025

[Instructions for Use](#)

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Related Policies
None

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Texas

Texas Insurance Code, Benefits Provided by Health Maintenance Organizations, Section 1271.156, Benefits for Rehabilitation Services and Therapies

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1271&Phrases=1271.156&HighlightType=1&ExactPhrase=False&QueryText=1271.156>

- (a) If benefits are provided for rehabilitation services and therapies under an evidence of coverage, the provision of a rehabilitation service or therapy that, in the opinion of a physician, is medically necessary may not be denied, limited, or terminated if the service or therapy meets or exceeds treatment goals for the enrollee.
- (b) For an enrollee with a physical disability, treatment goals may include maintenance of functioning or prevention of or slowing of further deterioration.

Texas Administrative Code, Title 28, Chapter 11, HMOs, Rule Section 11.508

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=11&rl=508](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=28&pt=1&ch=11&rl=508)

- (a) Each evidence of coverage providing basic health care services must provide the following basic health care services when they are provided by network physicians or providers, or by non-network physicians and providers as set forth in §11.506(b)(9) or (14) of this title (relating to Mandatory Contractual Provisions: Group, Individual and Conversion Agreement and Group Certificate):
 - (1) Outpatient services, including the following:
 - (F) Outpatient rehabilitation therapies including physical therapy, speech therapy, and occupational therapy;
 - (4) Outpatient hospital services, including treatment services; ambulatory surgery services; diagnostic services, including laboratory, radiology, and imaging services; rehabilitation therapy; and radiation therapy.

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 other provider licensed/certified to perform the service and provided in a physician's office or on an outpatient basis at a hospital or alternate facility are covered.

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	State(s) Affected	Summary of Changes
02/01/2025	All	Covered Benefits <ul style="list-style-type: none">• Revised language to indicate outpatient Cardiac Rehabilitation services performed by a physician, a licensed therapy provider, or other provider licensed/certified to perform the service and provided in a physician's office or on an outpatient basis at a hospital or alternate facility are covered Not Covered <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]" Definitions <ul style="list-style-type: none">• Updated definition of "Cardiac Rehabilitation" Supporting Information <ul style="list-style-type: none">• Archived previous policy version BIP139.O

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.