Sentara® Health Plans

Commercial

Phase II Cardiac Rehabilitation, Medical 51

Table of Content

Description & Definitions
Criteria
Document History
Coding
Special Notes
References
Keywords

Effective Date	7/1/2026
Next Review Date	3/2027
Coverage Policy	Medical 51
Version	9

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Phase II cardiac rehabilitation is a program that focuses on monitored exercise and education.

As directed by 42 CFR 410.49, the initial number of cardiac rehabilitation sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions over an extended period of time if approved.

For Intensive Cardiac Programs (Dean Ornish Program for Reversing Heart Disease, Benson-Henry Institute Cardiac Wellness Program and The Pritkin Program) refer to SHP Medical 52 Policy.

Criteria:

Phase II Cardiac Rehabilitation may be covered when one or more of the following are met:

- Initial authorization is limited to 36 hours of supervised cardiac rehabilitation may be indicated when **ALL** of the following are present:
  - Cardiac disease, as indicated by **1 or more** of the following:
    - Chronic heart failure (New York Heart Association class I to III)
    - Congenital heart disease
    - Post pacemaker or implantable cardioverter-defibrillator device insertion
    - Recent heart transplant
    - Recent heart valve repair or replacement
    - Recent myocardial infarction or acute coronary syndrome
    - Recent-onset angina
    - Recent revascularization (ie, percutaneous coronary intervention or coronary artery bypass graft)
    - Stable angina pectoris
    - Stable atrial fibrillation
  - Exercise prescription specifies target for **1 or more** of the following:
    - Heart rate
    - Metabolic equivalent units
    - Rate of perceived exertion (eg, Borg scale)
- Renewal for an additional 36 hours may be considered when **ALL** of the following are met:
  - Documentation of active participation provided.

- Documentation supports identified progression to goal.

There is insufficient scientific evidence to support the medical necessity of Phase II Cardiac Rehabilitation for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2024: March
- 2021: March
- 2020: January, February
- 2016: March; April; July; September
- 2015: July
- 2014: July; November
- 2013: July
- 2010: November
- 2009: November
- 2008: November

Reviewed Dates:

- 2026: March – Implementation date of July 1, 2026. No updates to criteria. Updated references only.
- 2025: March
- 2023: March
- 2022: March
- 2018: August
- 2017: November
- 2012: August
- 2011: September
- 2010: October

Origination Date: January 1998

Coding:

Medically necessary with criteria:

Coding	Description
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Commercial products.
- Authorization Requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Phase II Cardiac Rehabilitation, SHP Medical 51, Chronic heart failure, New York Heart Association class I, New York Heart Association class II, New York Heart Association class III, Congenital heart disease, pacemaker, implantable cardioverter-defibrillator device, heart transplant, heart valve repair, heart valve replacement, myocardial infarction, acute coronary syndrome, angina, revascularization, percutaneous coronary intervention, coronary artery bypass graft, stable angina pectoris, Stable atrial fibrillation