

## Phase II Cardiac Rehabilitation

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[Effective Date](#) 1/1998  
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[Coverage Policy](#) Medical 51  
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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Purpose:

This policy addresses the medical necessity of Phase II Cardiac Rehabilitation.

### Description & Definitions:

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

### 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.

## 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.

## 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:

- 2023: March
- 2022: March
- 2018: August
- 2017: November
- 2012: August
- 2011: September
- 2010: October

### Effective Date:

- January 1998

## 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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<https://www.sentara.com/medicals/services/heart-and-vascular/heart-care/services/ornish-lifestyle-medicine>

(2024). Retrieved Feb 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

### 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.

### 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