

Intensive Cardiac Rehabilitation Programs, Medical 52

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Effective Date 1/1998

Next Review Date 3/2026

Coverage Policy Medical 52

Version 4

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:

Intensive Cardiac Rehabilitation programs are medically monitored rehabilitation services with the goal of reversing the progression of heart disease. The rehabilitation consists of exercise and education on lifestyle changes regarding eating habits and stress management. These programs include The Dean Ornish Program for Reversing Heart Disease, Benson-Henry Institute Cardiac Wellness Program and The Pritkin Program.

As defined in § 410.49 Cardiac rehabilitation program and intensive cardiac rehabilitation program: Intensive cardiac rehabilitation sessions are limited to 72 1-hour sessions (as defined in section 1848(b)(5) of the Act), up to 6 sessions per day.

Criteria:

Structured 72-hour Intensive Cardiac Rehabilitation Programs (e.g., Dean Ornish Program for reversing heart disease, Benson-Henry Institute Cardiac Wellness Program, the Pritkin Program) may be covered for **1 or more** of the following:

- Individual with **1 or more** of the following:
 - Acute myocardial infarction within the preceding 12 months
 - Coronary artery bypass surgery
 - Current stable angina pectoris
 - Heart valve repair or replacement
 - Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
 - Heart or heart-lung transplant
- Individual with stable, chronic heart failure as indicated by **ALL** of the following:
 - Left ventricular ejection fraction of 35% or less
 - New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks
 - No recent (less than or equal to 6 weeks) or planned (less than or equal to 6 months) major cardiovascular hospitalizations or procedures

Intensive Cardiac Rehabilitation Programs is considered **not medically necessary** for uses other than those listed in the clinical criteria.

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:

- 2025: March
- 2024: March
- 2023: March
- 2022: March
- 2018: August
- 2017: November
- 2012: August
- 2011: September
- 2010: October

Effective Date:

- January 1998

Coding:

CPT/HCPCS codes considered medically necessary if policy criteria are met:

Coding	Description
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session
S9472	Cardiac rehabilitation program, nonphysician provider, per diem

CPT/HCPCS codes considered not medically necessary per this Policy:

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:

SHP Intensive Cardiac Rehabilitation Programs, Phase III, SHP Medical 52, acute myocardial infarction, coronary artery bypass graft surgery, stable angina pectoris, heart valve replacement, heart valve repair, percutaneous transluminal coronary angioplasty, coronary stenting, heart transplant, heart-lung transplant, Dean Ornish, The Dean Ornish Program for Reversing Heart Disease, Benson-Henry Institute Cardiac Wellness Program, The Pritkin Program, New York Heart Association class II, New York Heart Association class III, New York Heart Association class IV, NYHA