

Intensive Cardiac Rehabilitation Programs

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Effective Date 1/1998

Next Review Date 3/2025

<u>Coverage Policy</u> Medical 52

<u>Version</u> 3

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

Purpose:

This policy addresses the medical necessity of Intensive Cardiac Rehabilitation Programs.

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:
 - o Acute myocardial infarction within the preceding 12 months
 - Coronary artery bypass surgery
 - o 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:
 - o 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.

Coding:

Medically necessary with criteria:

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

Considered Not Medically Necessary:

Coding	Description
	None

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

Document History:

Revised Dates:

- 2024: March2021: 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).

(2024). Retrieved Feb 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-

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<u>results.aspx?keyword=Cardiac+Rehabilitation&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDC</u> AC,TA,MCD,6,3,5,1,F,P&contractOption=all

(2024). Retrieved Feb 2024, from DMAS Provider Manual:

https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0

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

(2024). Retrieved Feb 2024, from Hayes:

https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Cardiac%2520Rehabilitation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sou

CFR 410.49 Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage. (2024). Retrieved Feb 2024, from Code of Federal Regulations CFR: https://www.ecfr.gov/current/title-42/chapter-lv/subchapter-B/part-410/subpart-B/section-410.49

Guidelines on cardiovascular disease prevention in clinical practice. (2021). Retrieved Feb 2024, from European Society of Cardiology (ESC):

https://watermark.silverchair.com/ehab484.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAA2lwggNeBgkqhkiG9w0BBwagggNPMIIDSwIBADCCA0QGCSqGSlb3DQEHATAeBglghkgBZQMEAS4wEQQMm0-wc-iVbKZ3IHCpAgEQgIIDFcbCikxtDVFzxiNOuaXglSEwqtT9exkMKOzIBWnEGUTfA1F

Pritikin Intensive Cardiac Rehab (ICR). (2024). Retrieved Feb 2024, from Sentara: https://www.sentara.com/medicalservices/heart-and-vascular/heart-care/services/pritikin-icr

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:

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 IV, NYHA

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