Sentara Health Plans

Medicaid

# Phase II Cardiac Rehabilitation, Medical 51

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|---|---|
| Effective Date | 7/1/2026 |
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| Coverage Policy | Medical 51 |
| Version | 9 |

**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.**

## 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.*

## 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 Medicaid products.
- Authorization Requirements:
    - Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

## References:

Including but not limited to: 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