

## Phase II Cardiac Rehabilitation

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Effective Date 1/1998  
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Coverage Policy Medical 51  
Version 6

**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.\*.**

### 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:

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)
  - Resting heart rate less than 120 beats per minute
- Resting diastolic blood pressure less than 110 mm Hg

- Resting systolic blood pressure less than 180 mm Hg
- No active pericarditis or myocarditis
- No acute illness or Fever
- No decompensated heart failure
- No new-onset atrial fibrillation or flutter
- No orthopedic condition that would prohibit exercise
- No recent venous thromboembolism
- No resting ST displacement greater than 2 mm (in absence of right bundle branch block, left bundle branch block, right ventricular hypertrophy, or left ventricular hypertrophy)
- No symptomatic aortic stenosis
- No third-degree atrioventricular block without functioning pacemaker
- No uncontrolled atrial or ventricular arrhythmias
- No unstable angina

Phase II cardiac rehabilitation is considered **not medically necessary** for uses other than those listed in the clinical criteria.

### 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:

- 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:

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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## 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 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.*

### 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