Sentara Health Plans

Medicaid

Intensive Cardiac Rehabilitation Programs, Medical 52

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Effective Date	7/1/2026
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Coverage Policy	Medical 52
Version	5

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:

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.

For Phase II Cardiac Rehabilitation refer to Medical 51 Policy.

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:

- 2026: March – Implementation date of July 1, 2026. No changes to criteria. Updated references only.
- 2025: March – Implementation date of 7/1/2025. No changes references updated.
- 2024: March
- 2023: March
- 2022: March
- 2018: August
- 2017: November
- 2012: August
- 2011: September
- 2010: October

Origination 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.

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:
    - Medicaid
        - 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).

Code of Federal Regulations. Title 42, Chapter IV, Subchapter B, Part 410. Subpart B § 410.49. Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of coverage. August 29, 1997. Title 42 last amended 11.16.2023. Retrieved 2.10.2026. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.49

US Food and Drug Administration. FDA.gov. Heart Disease. 5.22.2024. Retrieved 2.11.2026. https://www.fda.gov/consumers/health-education-resources/heart-disease

Symplr Evidence Analysis. Formally Hayes Rating. Health Technology Assessment. Annual Review :Jan 14, 2022. Comparative Effectiveness Review of Intensive Cardiac Rehabilitation Programs for Coronary Artery Disease. Retrieved 2.11.2026. https://evidence.hayesinc.com/report/dir.intensivecardiac4148

Centers for Medicare and Medicaid Services. CMS.gov. Intensive Cardiac Rehabilitation (ICR) Programs. NCD 20.31. 10.25.2010. Retrieved 2.11.2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=339

Centers for Medicare and Medicaid Services. CMS.gov. Cardiac Rehabilitation Programs for Chronic Heart Failure. NCD 20.10.1. 8.18.2014. Retrieved 2.11.2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=359&ncdver=1

Centers for Medicare and Medicaid Services. CMS.gov. Benson-Henry Institute Cardiac Wellness Program. NCD 20.31.3. 11.4.2014. Retrieved 2.11.2026. https://careweb.careguidelines.com/ed29/index.html

Centers for Medicare and Medicaid Services. CMS.gov. The Pritikin Program. NCD 20.31.1. 10.25.2010. Retrieved 2.11.2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=340&ncdver=1

Centers for Medicare and Medicaid Services. CMS.gov. Ornish Program for Reversing Heart Disease. NCD 20.31.2. 10.25.2010. Retrieved 2.11.2026. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=341&ncdver=1

MCG Informed Care Strategies. 29th Edition. Cardiac Rehabilitation. ACG: A-0358 (AC). 2025. Retrieved 2.11.2026. https://careweb.careguidelines.com/ed29/index.html

Department of Medical Assistance Services. Commonwealth of Virginia. DMAS.gov. Virginia Medicaid. Procedure Fee File. 2026. Retrieved 2.11.2026. https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT

National Comprehensive Cancer Network. NCCN.org. Retrieved 2.11.2026. https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Cardiac%20Rehab

American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation. Todd M. Brown, MD, MSPH, FAHA, Chair, Quinn R. Pack, MD, MSc, FAHA, Vice Chair, Ellen Aberegg, MA, LD, RD, LaPrincess C. Brewer, MD, MPH, FAHA, Yvonne R. Ford, PhD, Daniel E. Forman, MD, FAHA, Emily C. Gathright, PhD, Sherrie Khadanga, MD, Cemal Ozemek, PhD, ACSM-CEP, and Randal J. Thomas, MD, MS, FAHA on behalf of the American Heart Association Exercise, Cardiac Rehabilitation and Secondary Prevention Committee of the Council on Clinical Cardiology; Council on Cardiovascular and Stroke Nursing; Council on Lifestyle and Cardiometabolic Health; and Council on Quality of Care and Outcomes Research. Core Components of Cardiac Rehabilitation Programs: 2024 Update: A Scientific Statement From the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation. 2024. Retrieved 2.11.2026. https://www.ahajournals.org/doi/10.1161/CIR.0000000000001289

Taylor, R. S., Dalal, H. M., & McDonagh, S. T. J. (2022). The role of cardiac rehabilitation in improving cardiovascular outcomes. Nature reviews. Cardiology, 19(3), 180–194.Retrieved 2.11.2026. https://doi.org/10.1038/s41569-021-00611-7

Carelon Medical Benefit Management Clinical Appropriateness Guidelines. Retrieved 2.11.2026. https://guidelines.carelonmedicalbenefitsmanagement.com/current-rehabilitation-guidelines/

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