

	Cardiac Rehabilitation	
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	Policy Status:	Next Review Date: 9/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input checked="" type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Cardiac rehabilitation is a comprehensive exercise, educational, and behavioral modification program designed to improve the physical and emotional condition of patients with heart disease.

Cardiac rehab is divided into 3 (and sometimes 4) phases encompassing both inpatient and outpatient care.

Policy

For medical necessity indications please see Blue KC Medical Policy 8.03.08 Cardiac Rehabilitation in the Outpatient Setting.

Phase I

- Usually, an inpatient program and can start when they are in the hospital or when transferred to an acute rehabilitation hospital. (Phase I Acute in-hospital phase of Cardiac Rehabilitation is included in the hospital care for the acute illness and is not reimbursed separately.)

Phase II

- Generally, takes place after a patient is discharged from the hospital, and it is done in an outpatient setting under close medical supervision.

Phase III

- Requires medical clearance and is devoted to long-term maintenance of a patient's new, healthier lifestyle.

Phase IV

- Long term maintenance of lifestyle changes, monitoring risk factor changes and secondary prevention.

Repeat participation in an outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event will not be reimbursed.

Cardiac Rehabilitation / ICR Component Requirements

Covered Cardiac Rehabilitation must include the following components:

- **Physician-prescribed exercise** - This physical activity includes aerobic exercise combined with other types of exercise (i.e., strengthening, stretching) as determined to be appropriate for individual patients by a physician each day Cardiac Rehabilitation /ICR items/services are furnished.
- **Cardiac risk factor modification** - This includes education, counseling, and behavioral intervention, tailored to the patients' individual needs.
- **Psychosocial assessment** - This assessment means an evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation. It should include an assessment of those aspects of the individual's family and home situation that affect the individual's rehabilitation treatment and a psychosocial evaluation of the individual's response to (and rate of progress under) the treatment plan.
- **Outcome assessment** - This should include:
 - (1) minimally, assessments from the commencement and conclusion of Cardiac Rehabilitation/ICR, based on patient-centered outcomes which must be measured by the physician immediately at the beginning and end of the program, and

(2) objective clinical measures of the effectiveness of the Cardiac Rehabilitation /ICR program for the individual patient, including exercise performance and self-reported measures of exertion and behavior.

- **An individualized treatment plan** - This plan should be written and tailored to each individual patient and include:
 - (1) a description of the individual’s diagnosis,
 - (2) the type, amount, frequency, and duration of the Cardiac Rehabilitation/ICR items/services furnished, and
 - (3) the goals set for the individual under the plan. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.

Cardiac Rehabilitation Sessions Frequency Limitations

- Cardiac Rehabilitation sessions are limited to a maximum of 2 one-hour sessions per day (up to 36 sessions, over a period of up to 36 weeks), with the option for an additional 36 sessions over an extended period of time.

Investigational

The following cardiac rehabilitation services are considered investigational and may not be reimbursed by Blue KC.

- Intensive cardiac rehabilitation with the Ornish Program for Reversing Heart Disease, Pritikin Program, or Benson-Henry Institute Program
- Repeat participation in an outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event is considered
- Virtual cardiac rehabilitation

For other indications of coverage and/or non-coverage please see Blue KC Medical Policy 8.03.08 Cardiac Rehabilitation in the Outpatient Setting.

Cardiac rehab services should be submitted with CPT codes 93797, 93798 and rev code 0943.

Coding

CPT Code	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)

Rev Code	Description
0943	Other Therapeutic Services (see also 095X, an extension of 094X)-Cardiac Rehabilitation

References and Resources

American Medical Association CPT Manual
 Center for Medicare and Medicaid Services
 Blue KC Medical Policy 8.03.08 Cardiac Rehabilitation in the Outpatient Setting.

Related Documents

Blue KC Medical Policy 8.03.08 Cardiac Rehabilitation in the Outpatient Setting.

Revision History

Version	Date	Summary of Revisions
001	9/1/2020	Initial version
002	9/1/2021	Annual review, no changes, or updates were made to the policy.
003	9/1/2022	Annual review, removed link to retired medical policy
004	9/1/2023	Annual review - added "this policy applies to all lines of business" and referenced Medical Policy 8.03.08 Cardiac Rehabilitation in the Outpatient Setting. Removed any language that referred to medical necessity
005	9/1/2024	Annual review - added virtual cardiac rehabilitation under investigational
006	9/1/2020	Annual review, no changes, or updates were made to the policy.