

TITLE: CARDIAC REHABILITATION - OUTPATIENT

POLICY METADATA

1. Policy Type -Medical
2. Policy Status = Approved
3. Policy Author = Arlee Coppinger CPC and Jeanne Siroky R.N.
4. Initial Effective Date = Date of Service on or after 4/1/2015
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6. Revision Approval Date = NA
7. Next Review Date (2 years or with any changes)

BACKGROUND

The U.S. Public Health Service (USPHS) guideline recommends outpatient cardiac rehabilitation (CR) services for patients with coronary heart disease and with heart failure, including those awaiting or following cardiac transplantation. Cardiovascular disorders are the leading cause of mortality and morbidity in the industrialized world, accounting for almost 50% of all deaths annually. Cardiac rehabilitation aims to reverse limitations experienced by patient who have suffered the adverse consequences of cardiac events. Physician directed CR in the outpatient setting can be viewed as preventive care with the goal to prevent future cardiac events.

CR may be provided in either a physician's office or an outpatient hospital setting and must have a physician immediately available and accessible for medical consultation an emergencies at all times. Cardiac rehabilitation sessions are limited to a maximum of two (2) one hour sessions per day for up to 36 sessions, over a period of 36 weeks, with the option of an additional 36 sessions over an extended period of time with prior authorization.

Prior to April 1, 2015, cardiac rehab in the hospital outpatient setting has been covered under Revenue Code 0943 and only payable within six weeks of heart surgery and restricted by one of two diagnoses: V43.21 heart assist device or V43.3 heart valve replacement NEC. This change in policy includes removing coverage for patients who have a diagnosis of V43.21 heart assist device, which is not included in the Medicare coverage policy and replacing with the list of covered ICD-9 and ICD-10 diagnoses and CPT codes below.

A review of this policy has been completed using the following: Medicaid's Medical Director, Mark Turner M.D., Medicare Benefit Policy (Noridianmedicare.com and CMS Medicare Benefit Policy Manual, Chapter 15), American College of Cardiology's CardioSource, and review by the Division's Policy Team, including Medicaid's Administrator. The decision is to align with the Medicare policy for CR.

Note: this policy does not include an Intensive Cardiac Rehabilitation program (ICR) which is addressed in the CMS Benefit Policy Manual. CR in an inpatient setting continues to be covered.

POLICY

An outpatient cardiac rehabilitation program is considered medically necessary for participants with a history of the following conditions and procedures (see diagnosis list at end of policy):

- An acute myocardial infarction (MI – heart attack) within the preceding 12 months
- A coronary artery bypass graft surgery (CABG)
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- Heart or heart-lung transplantation
- Stable chronic heart failure
(Specific diagnoses are listed below on page 4 – 6.)

Components of cardiac rehabilitation program must include all of the following:

- Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs.
- Psychosocial assessment.
- Outcomes assessment
- An individualized treatment plan detailing how components are utilized for each patient. The individualized treatment plan must be established, reviewed and signed by a physician every 30 days.

Limitations for coverage:

- Cardiac rehabilitation program sessions are limited to a maximum of two 1-hour sessions per day for up to 36 sessions, over a period of 36 weeks with the option for an additional 36 sessions over an extended period with prior approval. Another qualifying cardiac event is required to start a new session of CR.
- Place of service (POS) must be done in a physician's office or hospital outpatient setting.

INVESTIGATIONAL AND NOT MEDICALLY NECESSARY

- Physical and/or occupational therapy are not medically necessary in conjunction with cardiac rehabilitation unless performed for an unrelated diagnosis.
- Participation in another outpatient cardiac rehabilitation program in the absence of another qualifying cardiac event is considered investigational.
- Programs that only offer supervised exercise training are not considered to be cardiac rehabilitation.

GLOSSARY

1. **Cardiac Rehabilitation (CR):** A physician-supervised program in the outpatient setting that furnishes physician prescribed exercise, cardiac risk factor modification, psychosocial assessment, and outcomes assessment which aims to improve the function of patients with heart disease and prevent future cardiac events. CFR 42 Part 410 Subpart B, 410.49
2. **Intensive cardiac rehabilitation (ICR) program:** a physician-supervised program that furnishes cardiac rehab and has shown, in peer-reviewed published research, that it improves patients' cardiovascular disease through specific outcome measurements listed in the CFR 42: Part 410 Subpart B 410.49 (c). NOTE: this policy does not cover ICR.
3. **Stable chronic heart failure:** Patients who have not had recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalizations or procedures. Heart failure: Patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least 6 weeks.

REFERENCES – SEE ATTACHMENTS

1. Conditions of Coverage in 42 CFR §410.49 <http://www.ecfr.gov/cgi-bin/text-idx?SID=5bc5406137cce6d404ee692b74770dad&node=42:2.0.1.2.10.2.35.37&rgn=div8>
2. CMS decision memo 2/18/2014 <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=270>
3. Provider Handbooks: Hospital and Allopathic/Osteopathic Physician <https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>
4. *MedicAide* Newsletter, April 2015 <https://www.idmedicaid.com/MedicAide%20Newsletters/Forms/All.aspx>

POLICY INTENT/RATIONALE

Coverage of outpatient cardiac rehabilitation will align Medicaid with the Medicare policy and USPHS guidelines for patients with coronary heart disease and heart failure. CR is considered a preventive care which will reduce risk in cardiac patients, and therefore should reduce costs.

APPLICABLE SERVICES

1. Outpatient hospital services – billed under Revenue Code 0943
2. Physician services – see applicable codes below

CONDITIONS – TO ALLOW PAYMENT

The following ICD-9 Diagnosis codes will allow payment for dates of service through 9/30/2015 (see ICD-10 list below):

1. An acute myocardial infarction (MI – heart attack) within the preceding 12 months
 - 410.02 Acute myocardial infarction of anterolateral wall, subsequent episode of care
 - 410.12 Acute myocardial infarction of other anterior wall, subsequent episode of care
 - 410.22 Acute myocardial infarction of inferolateral wall, subsequent episode of care
 - 410.32 Acute myocardial infarction of inferoposterior wall, subsequent episode of care
 - 410.42 Acute myocardial infarction of other inferior wall, subsequent episode of care
 - 410.52 Acute myocardial infarction of other lateral wall, subsequent episode of care
 - 410.62 Acute myocardial infarction, true posterior wall infarction, subsequent episode of care
 - 410.72 Acute myocardial infarction, subendocardial infarction, subsequent episode of care
 - 410.82 Acute myocardial infarction of other specified sites, subsequent episode of care
 - 410.92 Acute myocardial infarction of unspecified site, subsequent episode of care
 - 412 Old myocardial infarction
2. Coronary artery bypass graft surgery (CABG)
 - 414.02 Coronary atherosclerosis of autologous vein bypass graft
 - 414.03 Coronary atherosclerosis of nonautologous biological bypass graft
 - 414.04 Coronary atherosclerosis of artery bypass graft
 - 414.05 Coronary atherosclerosis of unspecified type of bypass graft
 - 414.06 Coronary atherosclerosis of native coronary artery of transplanted heart
 - 414.07 Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart
 - 414.8 Other specified forms of chronic ischemic heart disease
 - 414.9 Chronic ischemic heart disease, unspecified.
3. Current stable angina pectoris
 - 413.0 angina decubitus
 - 413.1 Prinzmetal angina
 - 413.9 Other and unspecified angina pectoris
4. Heart valve repair or replacement
 - V42.2 Heart valve replaced by transplant
 - V43.3 Heart valve replaced by other means, heart assist device
 - V58.73 Aftercare following surgery of circulatory system (only to describe cardiac valvular repair)
5. Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
 - V45.81 Postprocedural aortocoronary bypass status
 - V45.82 Postprocedural percutaneous transluminal coronary angioplasty status
6. Heart or heart-lung transplantation
 - V42.1 Heart replaced by transplant

- V43.89 Other organ or tissue replacement (use for heart/lung transplant)

7. Stable chronic heart failure

- 428.22 Chronic systolic heart failure
- 428.32 Chronic diastolic heart failure
- 428.42 Chronic combined systolic and diastolic heart failure

The following ICD-10 CM Diagnosis codes will allow payment for dates of service on or after 10/1/2015:

1. An acute myocardial infarction (MI – heart attack) within the preceding 12 months

- I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery
- I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
- I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
- I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery
- I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
- I21.21 ST elevation (STEMI) myocardial infarction left circumflex coronary artery
- I21.29 ST elevation (STEMI) myocardial infarction involving other sites
- I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
- I25.2 Old myocardial infarction

2. Coronary artery bypass graft surgery (CABG)

- I25.5 Ischemic cardiomyopathy
- I25.709 Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
- I25.708 Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
- I25.810 Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
- I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
- I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
- I25.89 Other forms of chronic ischemic heart disease
- I25.9 Chronic ischemic heart disease, unspecified

3. Current stable angina pectoris

- I20.1 Prinzmetal angina
- I20.8 Other forms of angina pectoris
- I20.9 Angina pectoris, unspecified

4. Heart valve repair or replacement

- Z95.1 Presence of aortocoronary bypass graft

- Z95.2 Presence of prosthetic heart valve (NOTE: not acceptable as a primary dx)
 - Z95.3 Presence of xenogenic heart valve
 - Z95.4 Presence of other heart-valve replacement
5. **Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting**
 - Z95.5 Presence of coronary angioplasty implant and graft
 - Z98.61 Coronary angioplasty status
 6. **Heart or heart-lung transplantation**
 - Z94.1 Heart transplant status
 - Z94.3 Heart and lungs transplant status
 7. **Stable chronic heart failure**
 - I50.22 Chronic systolic (congestive) heart failure
 - I50.32 Chronic diastolic (congestive) heart failure
 - I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure

The Following CPT codes will allow payment for a professional claim (CMS 1500).

1. **Cardiovascular Stress Testing**
 - 93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report
 - 93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision only, without interpretation and report
2. **Outpatient Cardiac Rehabilitation**
 - 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)
3. **Office Visit for Cardiac Rehabilitation**
 - 99215 Office visit for comprehensive examination, established patient

ICD-9 PCS and ICD-10 PCS procedure codes are not applicable as this policy is for outpatient place of service.