



PARAMOUNT

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

## Cardiac Rehabilitation Services

Policy Number: PG0124  
Last Review: 06/12/2017

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### GUIDELINES

**This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.**

### SCOPE

- Professional
- Facility

### DESCRIPTION

Cardiac rehabilitation is designed to help individuals with conditions such as heart or vascular disease return to a healthier and more productive life. This includes individuals who have had heart attacks, open-heart surgery, stable angina, vascular disease or other cardiac related health problems. Cardiac rehabilitation following a cardiac event is divided into four phases:

- **Phase I (inpatient)**  
This phase is an inpatient rehabilitation that usually lasting for the duration of hospitalization for an acute coronary event or surgery. It emphasizes a gradual, progressive approach to exercise and an education program that helps the patient understand the disease process, the rehabilitation process, and initial preventive efforts to slow the progression of disease. Submaximal exercise testing before hospital discharge is done to provide important prognostic information and help restore patient confidence.
- **Phase II (outpatient electrocardiographically-monitored)**  
This phase is a multifaceted outpatient rehabilitation that lasts from hospital discharge to 2–12 weeks later. Phase II CR emphasizes safe physical activity to improve conditioning with continued behavior modification aimed at smoking cessation, weight loss, healthy eating, and other factors to reduce disease risk (see below).
- **Phase III (supervised)**  
This phase is a supervised rehabilitation that lasts 6–12 months. This phase establishes a prescription for safe exercise that can be performed at home or in a community service facility, such as a senior center, and continues to emphasize risk-factor reduction.
- **Phase IV (maintenance/follow-up)**  
This is usually an indefinite program. The goal is to encourage lifelong adherence to the healthy habits established during Phase III. Follow-up visits can occur at 6–12 month intervals. Blood pressure and pulse measurement, serum lipid levels, and even repeat maximal exercise tolerance tests can provide useful feedback to the patient and indicate areas that may require lifestyle changes to minimize coronary.

New York Heart Association (NYHA) Functional Classification System is designed to classify heart failure according to severity of symptoms:

- **Class I (mild)**  
No limitations on physical activity; ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath) or anginal pain
- **Class II (mild)**  
Slight limitation of physical activity; comfortable at rest; ordinary physical activity results in fatigue,

palpitation, dyspnea or anginal pain

- **Class III (moderate)**

Marked limitation of physical activity; comfortable at rest; less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.

- **Class IV (severe)**

Inability to carry on any physical activity without discomfort; symptoms of cardiac insufficiency may be present even at rest. If any physical activity is undertaken, discomfort increases.

## **POLICY**

### **HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan**

- **Outpatient phase II cardiac rehabilitation (93797, 93798, G0422, G0423, REV 0943) does not require prior authorization**
- **Procedure S9472 is non-covered**

### **Advantage**

- **Outpatient phase II cardiac rehabilitation (93797, 93798, S9472, REV 0943) does not require prior authorization**
- **Procedures G0422 and G0423 are non-covered**

## **COVERAGE CRITERIA**

### **HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**

Paramount members are eligible for outpatient phase II cardiac rehabilitation when prescribed by a physician within the preceding 12 months of ANY of the following:

- Acute myocardial infarction (AMI)
- Septal myectomy
- Coronary bypass surgery (also referred to as coronary artery bypass surgery or CABG)
- Heart or heart-lung transplant
- Heart valve repair or replacement
- Percutaneous coronary intervention (e.g., atherectomy, angioplasty, stenting)
- Stable angina pectoris that is refractory to medical management and interfering with activities of daily living
- Stable, chronic heart failure (HF) with left ventricular ejection fraction (LVEF) of 35 percent or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks; stable is defined as no recent (less than or equal to six weeks) or planned (less than or equal to six months) major cardiovascular hospitalizations or procedures

Phase II cardiac rehabilitation may be considered medically necessary for up to 36 sessions.

The following are considered not medically necessary and are therefore non-covered:

- Outpatient phase II cardiac rehabilitation for any indications other than those listed above
- Phase III cardiac rehabilitation programs, or self-directed, self-controlled or monitored exercise programs
- Phase IV cardiac rehabilitation programs or maintenance therapy that may be safely carried out without medical supervision
- Cardiac rehabilitation when used in a preventive or prophylactic way, such as for angina, hypertension, or diabetes

Cardiac rehabilitation programs are NOT recommended for individuals with coronary artery disease (CAD) who have the following conditions:

- Acute pericarditis or myocarditis
- Acute systemic illness or fever
- Forced expiratory volume less than one liter
- Moderate to severe aortic stenosis
- Myocardial infarction within the previous three weeks
- New-onset atrial fibrillation

- Progressive worsening of exercise tolerance or dyspnea at rest or on exertion over the previous three to five days
- Recent embolism or thrombophlebitis
- Significant ischemia at low work rates (less than two METs, or metabolic equivalents)
- Third-degree heart block without pacemaker
- Uncontrolled diabetes

### **CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<b>CPT CODES</b>	
<b>93797</b>	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
<b>93798</b>	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
<b>HCPCS CODES</b>	
<b>G0422</b>	Intensive cardiac rehabilitation, with or without continuous ECG monitoring with exercise, per session
<b>G0423</b>	Intensive cardiac rehabilitation, with or without continuous ECG monitoring without exercise, per session
<b>S9472</b>	Cardiac rehabilitation program, non-physician provider, per diem
<b>REVENUE CODE</b>	
<b>0943</b>	Cardiac rehabilitation

### **REVISION HISTORY EXPLANATION**

#### **ORIGINAL EFFECTIVE DATE: 03/15/2007**

**02/15/08**: No change

**07/01/09**: No change

**11/15/09**: New codes

**09/14/12**: Updated verbiage

**08/11/15**: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**06/13/17**: Code 93797 is now covered without prior authorization for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines. Added revenue code 0943. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**12/15/2020**: Medical policy placed on the new Paramount Medical policy format

### **REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
 American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
 Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.