PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="4">Policy/Procedure Title: Cardiac Rehabilitation</td><td colspan="2">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 02/18/2015
Effective Date: 08/01/2015</td><td colspan="3">Next Review Date: 10/09/2025
Last Review Date: 10/09/2024</td></tr>
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<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="2">Approval Date: 10/09/2024</td></tr>
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I. RELATED POLICIES:

A. MCUP3052 – Medical Nutrition Services
B. MCUP3041 – Treatment Authorization Request (TAR) Review Process

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Cardiac rehabilitation is a medically supervised program that helps improve the health and well-being of people who have heart problems.
   1. Phase I cardiac rehabilitation takes place during the acute hospitalization or in an acute rehabilitation setting, of the index diagnosis.
   2. Phase II cardiac rehabilitation takes place in a monitored, supervised outpatient setting.
   3. Phase III cardiac rehab takes place in an outpatient setting, in a supervised environment without cardiac monitoring, including organized group classes.
   4. Phase IV cardiac rehab is a lifetime maintenance of physical conditioning, fitness and wellness, either at home, or other community-based setting.
B. Cardiac rehabilitation programs provide cardiac rehabilitation, including exercise training, education on heart healthy living, and counseling to reduce stress and help Members return to an active life.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

This policy defines covered services and medical necessity criteria for cardiac rehabilitation services. Cardiac rehabilitation services have been found to reduce morbidity and mortality from cardiovascular disease.

VI. POLICY / PROCEDURE:

A. Eligibility
   1. Appropriately identified adults with full-scope Medi-Cal are eligible for Phase II Cardiac Rehabilitation services, with the following diagnoses:
      a. Myocardial infarction within the past 12 months
      b. Coronary artery bypass surgery in the past 12 months

c. Current stable angina pectoris
d. Heart valve repair or replacement in the past 12 months
e. Coronary angioplasty performed or coronary stent placed in the last 12 months
f. A heart or heart-lung transplant in the last 12 months
g. Intermittent claudication due to atherosclerotic disease, with current symptoms.
h. Stable chronic heart failure with an ejection fraction of less than 35% and New York Heart Association (NYHA) class II to IV symptoms in spite of optimal therapy for at least 6 weeks.
i. Other cardiac or major pulmonary surgery, in the past 12 months
j. Sustained Ventricular Tachycardia, Ventricular Fibrillation or survivor of sudden cardiac death.

2. Partnership HealthPlan of California considers cardiac rehabilitation experimental and investigational for all other indications including:
   a. Atrial Fibrillation (other than post Maze procedure)
   b. Atrial Fibrillation with ablation (other than post Maze procedure)
   c. Takotsubo (stress) Cardiomyopathy
   d. Uncompensated congestive heart failure
   e. Uncontrolled arrhythmias (other than PVCs and PACs)
3. Phase II services are only covered when ordered by a licensed physician and when performed in a facility/program meeting Medicare's standards for cardiac rehabilitation programs. These standards include:
   a. The facility meets the definition of a hospital outpatient department or a physician-directed facility.
   b. The facility has available for immediate use all the necessary cardio-pulmonary emergency and therapeutic life-saving equipment to perform defibrillation, administer oxygen and perform cardiopulmonary resuscitation.
   c. The program is conducted in an area set aside for the exclusive use of the program while it is in session.
   d. The program is staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise therapy for coronary disease.
   e. Services of non-physician personnel must be furnished under the direct supervision of a physician. Direct supervision means that a physician must be in the exercise program area or immediately available and accessible for an emergency at all times the exercise program is conducted. It does not require that a physician be physically present in the exercise room itself, provided the contractor does not determine that the physician is too remote from the patients' exercise area to be considered immediately available and accessible. The examples below are for illustration purposes only. They are not meant to limit the discretion of the contractor to make determinations in this regard.
   f. The non-physician personnel are employees of either the physician, hospital, or facility conducting the program and their services are "incident-to" a physician's professional services.
4. Prior to referral for Phase II cardiac rehabilitation services, a cardiologist or primary care physician with experience and training in evaluation and assessment of cardiovascular disease must complete a diagnostic evaluation of the prospected cardiac rehabilitation participant. This will include:
   a. Evaluation of chest pain and atypical chest pain. This may include performance of a cardiac stress test or review of a recent stress test
   b. Pre or post-operative evaluation of cardiac operations (if applicable)
   c. Review and reconciliation of all medications
   d. Review of medical history, including social history, medical history, surgical history
   e. Specific recommendations for the exercise regimen to be used in the cardiac rehabilitation program. This can lead to either a prescription or a referral to cardiac rehabilitation.

Partnership does not require submission of a Referral Authorization Form (RAF), but Phase II cardiac rehabilitation services do require a TAR as detailed in VI.A.5. below. Partnership may audit the clinical documents to ensure the criteria required in a. – e. have been met.

5. Requests for pediatric cardiac rehabilitation are reviewed on a case by case basis in accordance with our Treatment Authorization Request (TAR) Review Process described in policy MCUP3041. Pediatric cases require consultation with an appropriate specialist (e.g. pediatric cardiologist) and must take place at an appropriate facility for pediatric rehabilitation.
6. **A Treatment Authorization Request (TAR) is required for Phase II cardiac rehabilitation services.**
    a. Current Procedural Terminology (CPT)-4 codes 93797 and 93798 may not be reimbursed in the same calendar month as Healthcare Common Procedure Coding System (HCPCS) codes G0422 and G0423, for any provider. Similarly, HCPCS codes G0422 and G0423 may not be reimbursed in the same calendar month as CPT-4 codes 93797 and 93798, for any provider.
    b. Modifiers SA, U7, 24, 25 and 99 are all allowable for CPT-4 codes 93797 and 93798, as well as HCPCS codes G0422 and G0423.
    c. Qualified Practitioners
        1) Licensed practitioners who are eligible for reimbursement of CPT-4 codes 93797 and 93798 include physicians, physician assistants, nurse practitioners and physical therapists.
        2) Licensed practitioners who are eligible for reimbursement of HCPCS codes G0422 and G0423 include physicians, physician assistants, nurse practitioners, psychologists, licensed clinical social workers, marriage and family therapists and physical therapists.
7. For all other indications (individuals who are too debilitated to exercise, and secondary prevention after transient ischemic attack or mild, non-disabling stroke), because of insufficient evidence in the peer-reviewed information, Partnership considers cardiac rehabilitation experimental and investigational and therefore not a benefit.

B. Covered Services
1. Phase I cardiac rehabilitation services are performed while the Partnership Member is in the acute hospital or acute rehab setting. They are integral to the inpatient care provided to Partnership Members for appropriate indications.
2. Phase II cardiac rehabilitation services are performed in an outpatient setting. Services may include:
    a. medically-supervised exercise program
    b. nutritional counseling
    c. stress management
    d. smoking cessation counseling and support services
3. Phases III and IV cardiac rehabilitation, by themselves, are not covered.
4. Phase II cardiac rehabilitation services do not include the diagnostic evaluation that is required prior to referral to cardiac rehabilitation, which is covered separately.
5. The medically necessary frequency and duration of cardiac rehabilitation is determined by the Member's level of cardiac risk stratification:
    a. High-risk Members have any of the following:
        1) Decrease in systolic blood pressure of 15 mm Hg or more with exercise; or
        2) Exercise test limited to less than or equal to 5 metabolic equivalents (METS); or
        3) Marked exercise-induced ischemia, as indicated by either anginal pain or 2 mm or more ST depression by electrocardiography (ECG); or
        4) Recent myocardial infarction (less than 6 months) which was complicated by serious ventricular arrhythmia, cardiogenic shock or congestive heart failure; or
        5) Resting complex ventricular arrhythmia; or
        6) Severely depressed left ventricular function (ejection fraction less than 30 %); or
        7) Survivor of sudden cardiac arrest; or

8) Ventricular arrhythmia appearing or increasing with exercise or occurring in the recovery phase of stress testing.

b. Program Description for High-Risk Members:
   1) 36 one-hour sessions (e.g., 3 times per week for 12 weeks) of supervised exercise with continuous telemetry monitoring
   2) Create an individual out-patient exercise program that can be self-monitored and maintained
   3) Educational program for risk factor/stress reduction; classes listed below covered for up to 3 months.
   4) If no clinically significant arrhythmia is documented during the first 3 weeks of the program, the provider may have the Member complete the remaining portion without telemetry monitoring.

c. Intermediate-risk Members have any of the following:
   1) Exercise test limited to 6-9 METS; or
   2) Ischemic ECG response to exercise of less than 2 mm of ST depression

d. Program Description for Intermediate-Risk Members:
   1) 24 one-hour sessions or less of exercise training with or without continuous ECG monitoring
   2) Geared to define an ongoing exercise program that is "self-administered."
   3) Educational program for risk factor/stress reduction; classes listed below in VI.B.6. c. – f. covered for up to 3 months.

e. Low-risk Members have exercise test limited to greater than 9 METS

f. Program Description for Low-Risk Members:
   1) Six 1-hour sessions involving risk factor reduction education and supervised exercise to show safety and define a home program (e.g., 3 times per week for a total of 2 weeks or 2 sessions per week for 3 weeks).
   2) Educational program for risk factor/stress reduction; classes listed below covered for up to 3 months.

g. Intensive Cardiac Rehabilitation (ICR)
   1) ICR is a Centers for Medicare & Medicaid Services (CMS) designation (through the National Coverage Determination [NCD] process) for certain programs demonstrated to have:
      a) Accomplished one or more of the following for its patients:
         i. Positively affected the progression of coronary heart disease
         ii. Reduced the need for coronary bypass surgery, OR
         iii. Reduced the need for percutaneous coronary interventions; AND
      b) Accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before CR services to after CR services:
         i. Low density lipoprotein
         ii. Triglycerides
         iii. Body mass index
         iv. Systolic blood pressure
         v. Diastolic blood pressure
         vi. The need for cholesterol, blood pressure, and diabetes medications
   2) Proof of CMS designation should accompany the TAR
   3) ICR sessions are limited to 72 one-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

6. Procedure codes covered:
   a. 93797 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG Monitoring (For intermediate-risk and low-risk

Members)

b. 93798 – Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG Monitoring (for high-risk Members)
c. G0422 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session (This code will only be paid to programs approved by CMS, as described above).
d. G0423 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session (This code will only be paid to programs approved by CMS, as described above.)
e. S9449 – Weight management classes, non-physician provider, per session
f. S9451 – Exercise classes, non-physician provider, per session
g. S9453 – Smoking cessation classes, non-physician provider, per session
h. S9454 – Stress management, non-physician provider, per session
i. Nutrition Therapy services are also covered, as defined in policy MCUP3052 Medical Nutrition Services.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Rehabilitative Services *(rehab)*
B. Up-To-Date: Lynne T Braun, PhD, RN, CNP, Nanette K Wenger, MD, Robert S Rosenson, MD, "Cardiac Rehabilitation Programs" updated 5/15/2024.

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 06/17/15; 05/18/16; 05/17/17; *08/08/18; 09/11/19; 09/09/20; 09/08/21; 09/14/22; 10/11/23; 10/09/24

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Policy/Procedure Number: MCUP3128		Lead Department: Health Services
Policy/Procedure Title: Cardiac Rehabilitation		☒ **External Policy** ☐ **Internal Policy**
Original Date: 02/18/2015 Effective Date: 08/01/2015	**Next Review Date: 10/09/2025** **Last Review Date: 10/09/2024**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.