Subject: Cardiac Rehabilitation*

Effective Date: April 1, 1999

Department(s): Utilization Management

Policy: Medically supervised cardiac rehabilitation is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define circumstances under which cardiac rehabilitation is reimbursable.

Procedure: 1. A medically supervised cardiac rehabilitation program (CPT 93798) must be prescribed for an individual patient by a physician within 6 months of any of the following:

   a. Acute myocardial infarction
   b. Coronary artery bypass surgery
   c. Percutaneous coronary artery intervention
   d. Cardiac valvular surgery
   e. Cardiac transplantation/Heart-Lung transplantation
   f. Sudden, reversible cardiac death
   g. Great vessel or arrhythmia surgery
   h. Onset of NYHA Class III or Class IV congestive heart failure
   i. Stable angina pectoris which prevents optimal performance of activities of daily living
2. Intercurrent illness that prevents initiation of cardiac rehabilitation within the six-month interval described above may result in waiver of the six-month requirement, subject to review by the Medical Director.

3. Cardiac rehabilitation for one of these indications is reimbursable for up to 12 weeks at a frequency of up to 3 times per week for a total of up to 36 sessions.

4. To be reimbursable, a cardiac rehabilitation program must include electrocardiographic monitoring as well as supervision by a physician.

5. After an initial course of cardiac rehabilitation, additional cardiac rehabilitation is considered medically necessary for any of the following:

   - Another documented myocardial infarction
   - Another cardiovascular surgery or angioplasty
   - New evidence of ischemia on an exercise test, including nuclear scan
   - New, clinically significant coronary artery lesions documented by cardiac catheterization

References


Reeves GR, Whellen DJ. Recent advances in cardiac rehabilitation. Curr Opin Cardiol 2010, Sep 24.[epub ahead of print]


Lavie CJ, Milani RV. Adverse psychological and coronary risk profiles in young patients with coronary artery disease and benefits of formal cardiac rehabilitation. *Arch Intern Med* 2006;166(17):1878-1882 (Sep 25)


Reid RD, Dafoe WA, Morrin L, *et al.* Impact of program duration and contact frequency on efficacy and cost of cardiac rehabilitation: results of a randomized trial. *Am Heart J* 2005;149(5):862-868 (May)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*