

Cardiac Rehabilitation Programs for Chronic Heart Failure (NCD 20.10.1)

Policy Number	20.10.1	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	09/10/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

As per sections 1861(s)(2)(CC) and 1861(eee)(1) of the Social Security Act, items and services furnished under a Cardiac Rehabilitation (CR) program may be covered under Medicare Part B. Among other things, Medicare regulations at 42CFR410.49 define key terms, address the components of a CR program, establish the standards for physician supervision, and limit the maximum number of program sessions that may be furnished. The regulations also describe the cardiac conditions that would enable a beneficiary to obtain CR services.

Effective for dates of service on and after January 1, 2010, coverage is permitted for beneficiaries who have experienced one or more of the following:

- Acute myocardial infarction within the preceding 12 months
- Coronary artery bypasses surgery
- Current stable angina pectoris
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting
- A heart or heart-lung transplant

The Centers for Medicare & Medicaid Services (CMS) may add "other cardiac conditions as specified through a national coverage determination" (See 42 CFR §410.49(b) (1) (vii)).

Reimbursement Guidelines

Nationally Covered Indications

Effective for dates of service on and after February 18, 2014, CMS has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR §410.49(b) (1)(vii) to beneficiaries with stable, chronic heart failure, defined as 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 six weeks. Stable patients are defined as patients who have not had recent (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalizations or procedures. (See section A above for other indications covered under 42 CFR §410.49(b) (1) (vii)).

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Nationally Non-Covered Indications

Any cardiac indication not specifically identified in 42 CFR §410.49(b) (1) (vii) or identified as covered in this NCD or any other NCD in relation to cardiac rehabilitation services is considered non-covered.

CPT/HCPCS Codes

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)
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

Modifiers

Code	Description
KX	Requirements specified in the medical policy have been met

Questions and Answers

1	Q:	When is the KX modifier to be used?
	A:	KX modifier on the claim line(s) is an attestation by the provider of the service that documentation is on file verifying that further treatment beyond 36 sessions of Cardiac Rehabilitation (CR) up to a total of 72 sessions meets the requirements of the medical policy or, for ICR, that any further sessions beyond 72 sessions within a 126 day period counting from the date of the first session or for any sessions provided after 126 days from the date of the first session meet the requirements of the medical policy.

References Included (but not limited to):

CMS NCD(s)

NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure

Reference NCDs:

NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs

NCD 20.31.1 The Pritikin Program

NCD 20.31.2 Ornish Program for Reversing Heart Disease

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 6; § 20.5.2 Coverage of Outpatient Therapeutic Services Incident to a Physician's Service Furnished on or After January 1, 2010

Chapter 15; § 232 Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Services Furnished On or After January 1, 2010

CMS Claims Processing Manual

Chapter 32; § 140.2-140.2.2.6 Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010; § 140.3 Intensive Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010, § 140.3.1 Coding Requirements for Intensive Cardiac Rehabilitation Services Furnished On or After January 1, 2010

CMS Transmittals

Transmittal 125, Change Request 7113, Dated 09/24/2010 (Intensive Cardiac Rehabilitation (ICR) Programs -

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Dr. Ornish's Program for Reversing Heart Disease and the Pritikin Program)
 Transmittal 126, Change Request 6850, Dated 5/21/2010 (Cardiac Rehabilitation and Intensive Cardiac Rehabilitation)
 Transmittal 171, Change Request 8758, Dated 07/18/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)
 Transmittal 530, Change Request 8758, Dated 07/28/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)
 Transmittal 193, Change Request 8758, Dated 08/28/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)
 Transmittal 2989, Change Request 8758, Dated 07/18/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)
 Transmittal 3058, Change Request 8758, Dated 08/29/2014 (Cardiac Rehabilitation Programs for Chronic Heart Failure)

UnitedHealthcare Medicare Advantage Coverage Summaries

Rehabilitation - Cardiac Rehabilitation Services (Outpatient)

UnitedHealthcare Reimbursement Policies

Intensive Cardiac Rehabilitation (ICR) Programs (NCD 20.31)
 Ornish Program for Reversing Heart Disease (NCD 20.31.2)
 The Pritikin Program (NCD 20.31.1)

MLN Matters

Article MM6850 Revised, Cardiac Rehabilitation and Intensive Cardiac Rehabilitation
 Article MM7113, Intensive Cardiac Rehabilitation (ICR) Programs-Dr. Ornish's Program for Reversing Heart Disease and the Pritikin Program
 Article MM8758 Revised, Cardiac Rehabilitation Programs for Chronic Heart Failure

Others

Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure (CAG-00437N) Date: February 18, 2014, CMS Website
 Proposed Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Benson-Henry Institute Cardiac Wellness Program (CAG-00434N) Date: February 27, 2014, CMS Website
 Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Pritikin Program (CAG-00418N) Date: August 12, 2010, CMS Website
 Decision Memo for Intensive Cardiac Rehabilitation (ICR) Program - Dr. Ornish's Program for Reversing Heart Disease (CAG-00419N) Date: August 12, 2010, CSM Website

History

Date	Revisions
09/10/2014	New Policy