| <br>KAISER PERMANENTE®<br>Mid-Atlantic States | **Cardiac Rehabilitation**<br><br>**Medical Coverage Policy** |
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**UTILIZATION * ALERT***

- Coverage of external breast prosthesis is subject to availability of member's benefit.
- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
- For Medicare members, please refer to the Medicare Coverage Database for coverage.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

**I. Service: Cardiac Rehabilitation**

**II. Diagnosis: Cardiac event or condition as noted in History and Physical**

**III. Specialty: Cardiology**

**IV. Coverage Overview**

Patients with rehabilitative therapy benefits for physical therapy, speech therapy and occupational therapy qualify for coverage of cardiac rehabilitation. UM Physician review is required for all cardiac rehabilitation services.

**A.** Patients who have had one or more of the following cardiac events in the past 365 days qualify for cardiac rehabilitation:

1. Acute myocardial infarction;
2. CABG (Coronary Artery Bypass Grafting);
3. Percutaneous angioplasty, atherectomy and/or stenting;
4. Cardiac valve replacement or repair;
5. Heart Transplant or Heart-lung Transplant; or
6. Placement of ventricular assist device

**B.** Patients who have one of the following cardiac conditions qualify for cardiac rehabilitation:

1. Stable angina pectoris;
2. Angina Pectoris unresponsive to optimal medical therapy;
3. Class II-IV CHF, EF < 35%, without admission in the past 6 weeks or planned procedures in the next 6 months; or
4. Major pulmonary surgery, great vessel surgery or MAZE arrhythmia surgery

**C.** Additional cardiac rehabilitation services are medically necessary when any of the following occur:
1. Patient has another cardiovascular surgery or angioplasty;
2. Patient has another documented MI or extension of initial infarct;
3. New clinically significant coronary lesions documented by cardiac catheterization; or,
4. New evidence of ischemia on a stress test, including thallium scan

**D.** Cardiac rehabilitation is considered *experimental and investigational* for all other indications.

## V. Contraindications

**A.** Unstable angina;
**B.** Decompensated CHF;
**C.** Symptomatic ventricular arrhythmias;
**D.** Marked progressive worsening of exercise tolerance suggesting an acute pathologic process;
**E.** Worsening of dyspnea during exercise over the previous three to five days;
**F.** Uncontrolled diabetes, acute systemic illness or fever, recent embolism, acute pericarditis;
**G.** Moderate to severe aortic stenosis, MI within three weeks, new onset of atrial fibrillation; or
**H.** Acute thrombophlebitis

## VI. Duration and Frequency

**A.** We consider up to 36 cardiac rehabilitation sessions of cardiac exercise, and related services, to be reasonable and necessary.
**B.** Patients receive 2 to 3 sessions per week for 12 to 18 weeks.
**C.** Additional sessions require physician medical review of initial period of cardiac rehabilitation for authorization beyond 36 sessions. The maximum number of authorized sessions is 72 in a 36-week period.
**D.** Medical necessary frequency and duration of cardiac rehabilitation is determined by the member's level of cardiac risk stratification.
**E.** Acceptable exit criteria:
1. The patient has achieved a stable level of exercise tolerance without ischemia or dysrhythmia; and
2. Symptoms of angina or dyspnea are stable at the patient's maximum exercise level; and
3. The patient's resting blood pressure and heart rate are within normal limits; and

## VII. Components

### A. Program

Cardiac rehabilitation programs must be comprehensive and include a medical evaluation, risk factor modification, (e.g., nutritional counseling), prescribed exercise, education, and counseling.

### B. Facility

The facility must have available for immediate use the necessary cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary, e.g., oxygen, cardiopulmonary resuscitation equipment, and defibrillator.

**C. Physician and Staff**

1. The program must be staffed by trained clinicians in both basic and advanced life support techniques and in exercise therapy for cardiac disease, and in adequate numbers to conduct the program safely and effectively.
2. The program must be under the supervision of a physician.

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Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

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***The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any set of circumstances for an individual member.

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