



## Clinical Medical Policy Cardiac Rehabilitations

### **Benefit Coverage:**

Outpatient cardiac rehabilitation programs are limited to up to 12 weeks following hospital discharge, and up to 26 weeks for risk reduction, illness adjustment, and therapeutic services. Access to programs includes those which are provided by hospitals or physician-directed outpatient programs within neighborhood's network.

Prior authorization and medical review is required.

### **Description:**

Outpatient cardiac rehabilitation is a comprehensive program involving medical evaluation, prescribed exercise, cardiac risk factor modification and counseling. The goal of cardiac rehabilitation is to prevent disability resulting from coronary disease and prevent subsequent coronary events, hospitalizations and death due to cardiac causes. Expectations of what is included in a cardiac rehabilitation program are defined by the United States Public Health Service, and include multiple risk reduction, adjustment to illness and therapeutic exercise.

### **Coverage Determination:**

Members must be referred and medically cleared by a cardiologist for a cardiac rehabilitation program. Authorization and medical review are based on the criteria below.

The initial authorization period will be 12 weeks. Refer to "Criteria to extend beyond initial authorized period" for authorization requests beyond 12 weeks.

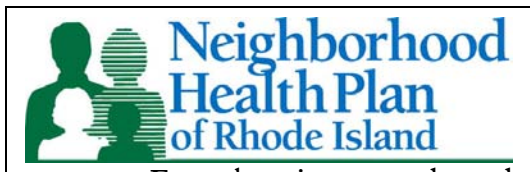
### **Criteria:**

The member must have at least one of the following documented conditions:

- Non ST elevation MI particularly for patients with multiple modifiable risk factors
- Moderate to high-risk patients in whom supervised or monitored exercise training is warranted
- ST elevation MI for high risk patients (recent acute coronary syndrome or revascularization, heart failure)
- Chronic stable angina for at risk patients (recent coronary syndrome or revascularization, heart failure)
- Stable outpatients with chronic heart failure who are able to participate in the protocols needed to produce physical conditioning
- Post Coronary Artery Bypass Graft (CABG)

The following conditions require additional documentation from the cardiologist in order to be considered for authorization:

- Unstable angina
- Progressive worsening of exercise tolerance or dyspnea at rest or on exertion over the previous 3-5 days



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- Forced expiratory volume less than 1 liter
- Significant ischemia at low work rates (less than 2 METS (metabolic equivalents))
- Uncontrolled diabetes
- Acute systemic illness or fever
- Recent embolism
- Thrombophlebitis
- Acute pericarditis or myocarditis
- Third degree heart block without a pace maker
- Moderate to severe aortic stenosis
- Myocardial infarction within the previous three weeks
- New onset atrial fibrillation

### Criteria to extend beyond initial authorized period:

When the member has been compliant with scheduled visits and home program, but has not yet achieved all medical/cardiac health goals (see below) by the end of the program, the authorized period may be extended an additional 6-12 weeks.

### Medical/cardiac health goals:

1. Patient has achieved stable level of exercise tolerance without ischemia or dysrhythmia
2. Symptoms of angina or dyspnea are stable at patient's maximum exercise level
3. patients resting BP and heart rate are within normal limits OR
4. Stress test is not positive during exercise.

### Exclusions:

*CMP Number:* CMP-035

### *CMP Cross Reference:*

### *References:*

AACVPR/ACC/AHA 2007 Performance measures on Cardiac Rehabilitation and Referral to and Delivery of Cardiac Rehabilitation/Secondary Prevention Services

Current Status of Cardiac Rehabilitation. Nanette K. Wenger. Journal of the American College of Cardiology Vol 1, No 17 2008

Wenger NK, Froelicher ES, Smith LK et al. Cardiac Rehabilitation, Clinical Practice Guidelines. US Department of Health and Human Services. AHCPR publication No 96-0672, October 1995



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