

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 4.9
TITLE: CARDIAC REHABILITATION

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(18)

I. EFFECTIVE DATE

- A. October 9, 1987
- B. December 1, 1991, for heart valve surgery and heart transplants, to include heart-lung.

II. PROCEDURE CODE(S)

- A. 93797-93798
- B. HCPCS Level II Code: S9472

III. DESCRIPTION

Cardiac rehabilitation is the process by which individuals are restored to their optimal physical, medical and psychological status, after a cardiac event. Cardiac rehabilitation is often divided into three phases. Phase I begins during inpatient hospitalization and is managed by the patient's personal physician. Phase II is a medically supervised outpatient program which begins following discharge. Phase III is a lifetime maintenance program emphasizing continuation of physical fitness with periodic follow-up. Each phase includes an exercise component, patient education, and risk factor modification. There may be considerable variation in program components, intensity and duration.

IV. POLICY

A. CHAMPVA benefits are available on an inpatient or outpatient basis for services and supplies provided in connection with the cardiac rehabilitation program. Services and supplies must be provided by a CHAMPVA authorized hospital and ordered by a physician as treatment for patients who have experienced any of the following cardiac events within the preceding twelve (12) months:

1. myocardial infarction;

2. coronary artery bypass graft;
3. coronary angioplasty;
4. percutaneous transluminal **coronary angioplasty**;
5. chronic stable angina (subject to the limitations described below);
6. heart valve surgery; or
7. heart transplants, to include heart-lung.

B. Benefits are allowed a maximum of 36 sessions (usually provided 3 sessions per week for 12 weeks) per cardiac event. The program is generally completed within 12 months following the cardiac event. Programs that cannot be completed within 12 months should be referred to medical review for a determination of medical necessity. If it is determined that there was no medical reason for the program not being completed within 12 months, a new cardiac event would then have to be re-established for further benefit consideration. Patients diagnosed with chronic stable angina are further limited to one treatment episode (36 sessions in a calendar year).

C. Claims for outpatient cardiac rehabilitation treatment will be reimbursed based upon an all inclusive allowable charge per session, including all related professional services provided during the rehabilitation session. Inpatient cardiac rehabilitation treatment will be paid based upon the reimbursement system in place for the hospital where the services are provided.

D. Separate cost sharing is allowed for the initial evaluation and testing and related professional services. This initial evaluation is not to be included in the 36 session limit.

V. POLICY CONSIDERATIONS

A. The Health Administration Center (HAC) will use procedure code 93797 for all cardiac rehabilitation sessions including 93798. No additional payment will be allowed for claims billed under code 93798.

B. A separate allowance may be made for diagnostic and therapeutic services, other than EKGs or stress testing, ordered by the physician if determined to meet all other CHAMPVA program requirements, i.e., medically necessary, not investigational or unproven, etc.

C. No separate allowance may be made for physical and occupational therapy, or the professional fees associated with these therapies, unless there is documentation of a noncardiac condition requiring such therapy.

D. No separate allowance may be made for the special self-care education programs provided or recommended in conjunction with cardiac rehabilitation programs.

E. No separate allowance may be made for physician follow-up to adjust medication or other treatment changes.

F. No separate allowance may be made for psychotherapy, psychological testing, or the professional fees associated with therapy or testing, unless there is documentation of a previously diagnosed mental disorder or appropriate symptoms, such as excessive fear, anxiety, or severe depression etc., which necessitate testing for the diagnosis of a suspected mental disorder or the initiation of therapy for the treatment of a newly diagnosed mental disorder.

VI. EXCLUSION

Cardiac rehabilitation programs designed primarily for lifetime maintenance, that are performed at home or in medically unsupervised settings.

END OF POLICY