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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Ornish Program for Reversing Heart Disease (NCD 20.31.2)

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
The Ornish Program for Reversing Heart Disease (also known as the Multisite Cardiac Lifestyle Intervention Program, the Multicenter Cardiac Lifestyle Intervention Program, and the Lifestyle Heart Trial Program) was initially described in the 1970s and incorporates comprehensive lifestyle modifications including exercise, a low-fat diet, smoking cessation, stress management training, and group support sessions. Over the years, the Ornish Program has been refined but continues to focus on these specific risk factors.

Reimbursement Guidelines
Effective for claims with dates of service on and after August 12, 2010, the Ornish Program for Reversing Heart Disease meets the Intensive Cardiac Rehabilitation (ICR) program requirements set forth by Congress in §1861(eee) (4) (A) of the Social Security Act, and in regulations at 42 C.F.R. §410.49(c) and, as such, has been included on the list of approved ICR programs available at http://www.cms.gov/MedicareApprovedFacilitie/.

Effective August 12, 2010, if a specific ICR program is not included on the list as a Medicare- approved ICR program, it is non-covered.

*Related to NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs and 20.31.1 The Pritikin Program

CPT/HCPCS Codes

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<th>Code</th>
<th>Description</th>
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<tr>
<td>93797</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
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<tr>
<td>93798</td>
<td>Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)</td>
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<tr>
<td>G0422</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session</td>
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Modifiers

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<tr>
<th>Code</th>
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<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
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Questions and Answers

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<tr>
<th>Q:</th>
<th>When is the KX modifier to be used?</th>
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<tr>
<td>A:</td>
<td>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.</td>
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References Included (but not limited to):

**CMS NCD(s)**
NCD 20.31.2 Ornish Program for Reversing Heart Disease
Reference NCDs: NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs, NCD 20.31.1 The Pritikin Program

**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 126, Change Request 6850, Dated 5/21/2010 (Cardiac Rehabilitation and Intensive Cardiac Rehabilitation)

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Rehabilitation - Cardiac Rehabilitation Services (Outpatient)

**MLN Matters**
Article MM7113, Intensive Cardiac Rehabilitation (ICR) Programs - Dr. Ornish’s Program for Reversing Heart Disease and the Pritikin Program
Article MM6850, Revised, Cardiac Rehabilitation and Intensive Cardiac Rehabilitation

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

**History**

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<td>09/10/2014</td>
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<td>Added Decision Memo for Cardiac Rehabilitation (CR) Programs - Chronic Heart Failure (CAG-00437N) Date: February 18, 2014</td>
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Reimbursement Policy

Ornish Program for Reversing Heart Disease (NCD 20.31.2)

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