

Cardiac Rehabilitation (CR) and Intensive Cardiac Rehabilitation (ICR) Programs

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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Rehabilitation: Cardiac and Medical

Policy Summary

[↪ See Purpose](#)

Overview

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 member to obtain CR services.

Intensive cardiac rehabilitation (ICR) refers to a physician-supervised program that furnishes cardiac rehabilitation services more frequently and often in a more rigorous manner. As required by §1861(eee)(4)(A) of the Social Security Act (the Act), an ICR program must show, in peer-reviewed published research, that it accomplished one or more of the following for its patients:

- Positively affected the progression of coronary heart disease;
- Reduced the need for coronary bypass surgery; or
- Reduced the need for percutaneous coronary interventions.

The ICR program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in five or more of the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services:

- Low density lipoprotein;
- Triglycerides;
- Body mass index;
- Systolic blood pressure;
- Diastolic blood pressure; and,
- The need for cholesterol, blood pressure, and diabetes medications.

Coverage for cardiac rehabilitation and intensive cardiac rehabilitation programs are permitted for members who have experienced one or more of the following:

- An acute myocardial infarction (MI) within the preceding 12 months.
- A coronary artery bypass surgery.

- Current stable angina pectoris.
- Heart valve repair or replacement.
- Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting.
- A heart or heart-lung transplant.
- 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 6 weeks.
- Other cardiac conditions as specified through a national coverage determination (NCD). The NCD process may also be used to specify non-coverage of a cardiac condition for ICR if coverage is not supported by clinical evidence.

Individual ICR programs must be approved through the national coverage determination process to ensure that they demonstrate these accomplishments.

The Pritikin Program (NCD 20.31.1)

The Pritikin diet was designed and adopted by Nathan Pritikin in 1955. The diet was modeled after the diet of the Tarahumara Indians in Mexico, which consisted of 10% fat, 13% protein, 75-80% carbohydrates and provided 15-20 grams per day of crude fiber with only 75 mg/day of cholesterol. Over the years, the Pritikin Program (also known as the Pritikin Longevity Program) evolved into a comprehensive program that is provided in a physician's office and incorporates a specific diet (10%-15% of calories from fat, 15%-20% from protein, 65%-75% from complex carbohydrates), exercise and counseling lasting 21-26 days. An optional residential component is also available for participants.

Ornish Program for Reversing Heart Disease (NCD 20.31.2)

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.

Benson-Henry Institute Cardiac Wellness Program (NCD 20.31.3)

The fundamental concepts of the Benson-Henry Institute Cardiac Wellness Program were developed by Herbert Benson, MD, over 40 years ago. Benson states that "in the middle 1960s, when I noticed that people's blood pressures were higher during visits to my office than at other times and wondered whether stress wasn't causing that rise. Stress wasn't on the radar then, so I began investigating a connection between stress and hypertension." (<http://www.idealife.com/fitness-library/mind-body-medicine-balanced-approach>). The Cardiac Wellness Program is a multi-component intervention program that includes supervised exercise, behavioral interventions, and counseling, and is designed to reduce cardiovascular risk and improve health outcomes.

Guidelines

Nationally Covered Indications

CMS has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 CFR §410.49(b) (1) (vii) to members 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 (\leq 6 weeks) or planned (\leq 6 months) major cardiovascular hospitalizations or procedures.

The Pritikin Program, the Ornish Program for Reversing Heart Disease, and the Benson-Henry Institute Cardiac Wellness Program meet 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, have been included on the list of approved ICR programs available at <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilities/ICR>.

Nationally Non-Covered Indications

Any cardiac indication not specifically identified as covered in this NCD or any other NCD in relation to cardiac rehabilitation services is considered non-covered.

If a specific ICR program is not included on the list as a Medicare-approved ICR program, it is non-covered.

Program Setting

Cardiac Rehabilitation and Intensive Cardiac Rehabilitation services must be furnished in a physician’s office or a hospital outpatient setting.

Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT 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)

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HCPCS Code	Description
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

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

Place of Service Code	Description
02	Telehealth Provided Other than in Patient’s Home
10	Telehealth Provided in Patient’s Home
11	Office
19	Off Campus-Outpatient Hospital
22	On Campus-Outpatient Hospital

Coding Clarification: For HCPCS codes G0422 and G0423 ICD-10 diagnosis codes, refer to NCD 20.31 Intensive Cardiac Rehabilitation (ICR) Programs.

Diagnosis Code	Description
For CPT Codes 93797 and 93798	
I20.1	Angina pectoris with documented spasm
I20.2	Refractory angina pectoris (Effective 10/01/2022)
I20.8	Other forms of angina pectoris (Deleted 09/30/2023)
I20.81	Angina pectoris with coronary microvascular dysfunction (Effective 10/01/2023)
I20.89	Other forms of angina pectoris (Effective 10/01/2023)
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery

Diagnosis Code	Description
For CPT Codes 93797 and 93798	
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.B	Myocardial infarction with coronary microvascular dysfunction (Effective 10/01/2023)
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I24.81	Acute coronary microvascular dysfunction (Effective 10/01/2023)
I24.89	Other forms of acute ischemic heart disease (Effective 10/01/2023)
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.112	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris (Effective 10/01/2022)
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris (Deleted 10/31/2023)
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy (Deleted 10/31/2023)
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris (Deleted 10/31/2023)
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris (Effective 10/01/2022)
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris (Deleted 10/31/2023)
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris (Deleted 10/31/2023)
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris (Deleted 10/31/2023)
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris (Effective 10/01/2022)
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris (Deleted 10/31/2023)

Diagnosis Code	Description
For CPT Codes 93797 and 93798	
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris (Deleted 10/31/2023)
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris (Deleted 10/31/2023)
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris (Effective 10/01/2022)
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris (Deleted 10/31/2023)
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris (Deleted 10/31/2023)
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris (Deleted 10/31/2023)
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris (Effective 10/01/2022)
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris (Deleted 10/31/2023)
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris (Deleted 10/31/2023)
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina (Deleted 10/31/2023)
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris (Effective 10/01/2022)
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris (Deleted 10/31/2023)
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris (Deleted 10/31/2023)
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina (Deleted 10/31/2023)
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris (Effective 10/01/2022)
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris (Deleted 10/31/2023)
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris (Deleted 10/31/2023)
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris (Deleted 10/31/2023)

Diagnosis Code	Description
For CPT Codes 93797 and 93798	
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm (Deleted 10/31/2023)
I25.792	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris (Effective 10/01/2022)
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris (Deleted 10/31/2023)
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris (Deleted 10/31/2023)
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris (Deleted 10/31/2023)
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris (Deleted 10/31/2023)
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris (Deleted 10/31/2023)
I25.85	Chronic coronary microvascular dysfunction (Effective 10/01/2023)
I25.89	Other forms of chronic ischemic heart disease (Deleted 10/31/2023)
I25.9	Chronic ischemic heart disease, unspecified (Deleted 10/31/2023)
I50.22	Chronic systolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.812	Chronic right heart failure (Deleted 10/31/2023)
I50.814	Right heart failure due to left heart failure (Deleted 10/31/2023)
I50.82	Biventricular heart failure
I50.83	High output heart failure (Deleted 10/31/2023)
I50.84	End stage heart failure
I50.89	Other heart failure
I5A	Non-ischemic myocardial injury (non-traumatic)
Z48.21	Encounter for aftercare following heart transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.812	Encounter for surgical aftercare following surgery on the circulatory system (Deleted 10/31/2023)
Z94.1	Heart transplant status
Z94.3	Heart and lungs transplant status
Z95.1	Presence of aortocoronary bypass graft
Z95.2	Presence of prosthetic heart valve
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement
Z95.5	Presence of coronary angioplasty implant and graft
Z96.82	Presence of neurostimulator (Deleted 10/31/2023)
Z96.89	Presence of other specified functional implants (Deleted 10/31/2023)
Z98.61	Coronary angioplasty status
Z98.890	Other specified postprocedural states

Questions and Answers

1 Q: When is the KX modifier to be used for Cardiac Rehabilitation (CR)?

	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.
2	Q:	When is the KX modifier to be used for Intensive Cardiac Rehabilitation (ICR)?
	A:	Inclusion of the KX modifier on the claim line(s) will be accepted as an attestation by the provider of the service that documentation is on file verifying that any further sessions beyond 72 sessions of Intensive Cardiac Rehabilitation (ICR) 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

CMS National Coverage Determinations (NCDs)

[NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure](#)

[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](#)

[NCD 20.31.3 Benson-Henry Institute Cardiac Wellness Program](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
N/A	A53775 Billing and Coding: Frequency and Duration for Cardiac Rehabilitation and Intensive Cardiac Rehabilitation	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A54068 Billing and Coding Outpatient Cardiac Rehabilitation Retired 11/01/2023	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A54070 Billing and Coding: Outpatient Cardiac Rehabilitation Retired 11/01/2023	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

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 Transmittal(s)

[Transmittal 2298, Change Request 11229, Dated 05/03/2019 \(ICD-10 and Other Coding Revisions to the NCDs\)](#)

[Transmittal 4222, Change Request 11117, Dated 02/01/2019 \(Update to Intensive Cardiac Rehabilitation \(ICR\) Programs\)](#)

[Transmittal 10573, Change Request 12115, Dated 03/24/2021 \(Update to Pulmonary Rehabilitation \(PR\), Cardiac Rehabilitation \(CR\) and Intensive Cardiac Rehabilitation \(ICR\) Program Manual Sections\)](#)

[Transmittal 11175, Change Request 12549, Dated 01/14/2022 \(CY2022 Telehealth Update Medicare Physician Fee Schedule\)](#)

[Transmittal 11179, Change Request 12480, Dated 01/12/2022 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\) – April 2022 \(CR 1 of 2\)\)](#)

[Transmittal 11426, Change Request 12613, Dated 05/20/2022 \(An Omnibus CR Covering: \(1\) Removal of Two National Coverage Determination \(NCDs\), \(2\) Updates to the Medical Nutrition Therapy \(MNT\) Policy, and \(3\) Updates to the](#)

[Pulmonary Rehabilitation \(PR\), Cardiac Rehabilitation \(CR\), and Intensive Cardiac Rehabilitation \(ICR\) Conditions of Coverage Transmittal 11460, Change Request 12705, Dated 06/17/2022 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – October 2022 Update\)](#)
[Transmittal 11584, Change Request 12822, Dated: 08/31/2022 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\) – January 2023 Update\)](#)
[Transmittal 12318, Change Request 13390, Dated 10/19/2023 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)–April 2024 Update–CR 1 of 2](#)

MLN Matters

[Article MM11117, Update to Intensive Cardiac Rehabilitation \(ICR\) Programs](#)
[Article MM11229, International Classification of Diseases, 10th Revision \(ICD10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)](#)
[Article MM12480, Revised, International Classification of Diseases, 10th Revision \(ICD10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\) – April 2022 \(CR 1 of 2\)](#)
[Article MM12549, CY2022 Telehealth Update Medicare Physician Fee Schedule](#)
[Article MM12613, Revised, An Omnibus CR Covering: \(1\) Removal of Two National Coverage Determination \(NCDs\), \(2\) Updates to the Medical Nutrition Therapy \(MNT\) Policy, and \(3\) Updates to the Pulmonary Rehabilitation \(PR\), Cardiac Rehabilitation \(CR\), and Intensive Cardiac Rehabilitation \(ICR\) Conditions of Coverage](#)
[Article MM12613, Revised, An Omnibus CR Covering: \(1\) Removal of Two National Coverage Determination \(NCDs\), \(2\) Updates to the Medical Nutrition Therapy \(MNT\) Policy, and \(3\) Updates to the Pulmonary Rehabilitation \(PR\), Cardiac Rehabilitation \(CR\), and Intensive Cardiac Rehabilitation \(ICR\) Conditions of Coverage](#)
[Article MM12705, Revised, International Classification of Diseases, 10th Revision \(ICD10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\) – July 2022](#)
[Article MM12822, Revised, International Classification of Diseases, 10th Revision \(ICD10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\) – January 2023 Update](#)
[Article SE20011, Revised, Medicare FFS Response to the PHE on COVID-19](#)
[Article MM13390, ICD-10 & Other Coding Revisions to National Coverage Determinations: April 2024 Update \(CR 1 of 2\)](#)

Other(s)

[Revisions to Payment Policies under the Medicare Physician Fee Schedule Quality Payment Program and Other Revisions to Part B for CY 2022, Date: November 19, 2021, CMS Website](#)
[Title 42 §410.49 Cardiac rehabilitation program and intensive cardiac rehabilitation program: Conditions of Coverage, Date: November 19, 2021, Code of Federal Regulations Website](#)
[List of Telehealth Services for Calendar Year 2023, Date: November 2, 2023, CMS Website](#)
[Billing and Coding: Outpatient Cardiac Rehabilitation \(A54068\) Retirement - Effective November 1, 2023, Noridian Website](#)
[Billing and Coding: Outpatient Cardiac Rehabilitation \(A54070\) Retirement - Effective November 1, 2023, Noridian Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
11/08/2023	<p>Applicable Codes</p> <p>Diagnosis Codes</p> <p>For CPT Codes 93797 and 93798</p> <ul style="list-style-type: none"> • Added I20.81, I20.89, I21.B, I24.81, I24.89, and I25.85 • Added notation to indicate: <ul style="list-style-type: none"> ○ I20.8 was “deleted Sep. 30, 2023” ○ I25.111, I25.119, I25.5, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811,

Date	Summary of Changes
	<p>I25.812, I25.89, I25.9, I50.812, I50.814, I50.83, Z48.812, Z96.82, and Z96.89 were “deleted Oct. 31, 2023”</p> <ul style="list-style-type: none"> Revised description for I25.112 Removed I21.9, I21.A1, I21.A9, I25.10, and I50.32 <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG040.11

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).