



## Intensive Cardiac Rehabilitation: Dr. Dean Ornish Programs

### I. Policy

University Health Alliance (UHA) will reimburse for intensive cardiac rehabilitation through the Dr. Dean Ornish Program (Ornish Program) when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Criteria/Guidelines

- A. UHA considers intensive cardiac rehabilitation through participation in the Ornish Program medically necessary (subject to Limitations/Exclusions and Administrative Guidelines) when the following criteria are met:
1. Within a 12-month window after an acute myocardial infarction; or
  2. Within a 12-month window after coronary artery bypass surgery; or
  3. Member has an appropriately documented diagnosis of stable angina pectoris unresponsive to medical therapy which prevents the member from functioning optimally to meet domestic or occupational needs (particularly with modifiable coronary risk factors or poor exercise tolerance); or
  4. Within a 12-month window after heart valve repair or replacement; or
  5. Within a 12-month window after percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
  6. Within a 12-month window after heart or heart-lung transplant.

#### **NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

### III. Limitations/Exclusions

- A. The health care provider overseeing the patient's care for the eligible medical condition in Section II above must initiate the referral to an Ornish Reversal Program delivery site.
- B. Prospective participants should be motivated to complete the program and make the necessary lifestyle changes.
1. Before being accepted, members must go through a preliminary screening process provided by the accredited Ornish Reversal Program delivery site to ensure that they are sufficiently motivated and meet the eligibility criteria.

2. Participants must be nonsmokers or have quit smoking at least two months before starting the program.
  3. Acceptance into the program is at the sole discretion of the Ornish Reversal Program delivery site. Acceptance does not guarantee coverage.
- C. Participants in the Ornish Reversal Program must continue to actively work with their referring provider to make appropriate adjustments to care plans as their chronic conditions improve. The Ornish Reversal Program nurse/case manager works with the referring provider and the patient to facilitate this process.

#### **IV. Administrative Guidelines**

- A. No prior authorization is required to refer members for evaluation to the Ornish Reversal Program for initial evaluation.
1. The referring physician doesn't have any billing requirements for the Ornish Reversal Program. All billing will be done by the certified delivery site.
  2. The referring physician should bill UHA for any testing required for program participation and outcomes measurement and office visits required to manage the chronic disease or cardiac risk factors or to adjust the care plan as the patient progresses in the Ornish Program.
- B. Prior authorization is required for participation in the Ornish program and must be submitted by the Ornish Reversal Program.
- C. Program consists of 4 one hour sessions per day. As a result, a claim should only have 4 units of G0422 or G0423 per date of service.
- D. Baseline and end of program measurements and reports are required for claims payment.
- E. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

<b>CPT Code</b>	<b>Description</b>
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without ECG monitoring without exercise, per session

#### **V. Policy History**

**Policy Number:** MPP-0123-170321

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