

Title: Medicare Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)	Division: Medical Management Department: Utilization Management
Approval Date: 10/29/2021	LOB: Medicare, UltraCare
Effective Date: 1/1/2019	Policy Number: UM-MP243
Review Date: 10/29/2023	Cross Reference Number:
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1. POLICY DESCRIPTION:

Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD). SET has been shown to be significantly more effective than unsupervised exercise, and could prevent the progression of PAD and lower the risk of cardiovascular events that are prevalent in these patients. SET has also been shown to perform at least as well as more invasive revascularization treatments that are covered by Medicare. As per CMS NCD, (SET) is an effective, minimally invasive method to alleviate the most common symptom associated with peripheral artery disease (PAD) – intermittent claudication (IC).

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

- Supervised Exercise Therapy (SET) - SET involves the use of intermittent walking exercise, which alternates periods of walking to moderate-to-maximum claudication, with rest. SET has been recommended as the initial treatment for patients suffering from IC, the most common symptom experienced by people with PAD.
- (PAD) - Peripheral Artery Disease - PAD is a vascular disease that stems from atherosclerosis (plaque buildup) which narrows the arteries affecting the lower extremities.
- (IC) - Intermittent Claudication
- (NCD) - National Coverage Determination

4. POLICY:

The Centers for Medicare & Medicaid Services (CMS) has determined that there is sufficient evidence to cover supervised exercise therapy (SET) for members with intermittent claudication (IC) for the treatment of symptomatic peripheral artery disease (PAD).

MetroPlus Health Plan Medicare will cover SET for Medicare beneficiaries with IC for the treatment of symptomatic PAD. The initial authorization covers up to 24 sessions over a 12 week period if below listed components of a SET program are met. If more than 24 sessions are needed during the first 12 week period, additional medical necessity review is needed. The authorization will not exceed a total of 36 sessions over the first 12 week period. Continuation of sessions will require subsequent medical necessity reviews.



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The SET program must:

- consist of sessions lasting 30-60 minutes comprising a therapeutic exercise-training program for PAD in patients with claudication;
- be conducted in a hospital outpatient setting, or a physician's office;
- be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD; and
- be under the direct supervision of a physician (as defined in 1861(r)(1)), physician assistant, or nurse practitioner/clinical nurse specialist (as identified in 1861(aa)(5)) who must be trained and holds a current certification in both basic and advanced life support techniques.

Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET.

- At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments.

Continuation of Therapy

MetroPlus Health Plan may cover an additional 36 sessions over an extended period of time. A second physician referral is required for these additional sessions.

- An attestation would be needed from the referring provider of the services stating that documentation is on file verifying that further treatment beyond the 36 sessions of SET over a 12-week period meets the requirements of the medical policy.

5. LIMITATIONS/ EXCLUSIONS:

- SET is non-covered for beneficiaries with absolute contraindications to exercise as determined by their primary physician.
- SET program must be conducted in a hospital outpatient setting or in a physician's office.

MetroPlus Health Plan follows Medicare guidelines such as LCDs, NCDs, 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 below to view the Medicare source materials used to develop this policy 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.

6. APPLICABLE PROCEDURE CODES:

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Providers should use Current Procedural Terminology (CPT) 93668 (Under Peripheral Arterial Disease Rehabilitation) to bill for these services with appropriate International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) Code in Section #7.

CPT	Description
93668	Peripheral arterial disease (PAD) rehabilitation, per session

7. APPLICABLE DIAGNOSIS CODES:

CODE	Description
170.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
170.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
170.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
170.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity

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I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity

8. REFERENCES:

- CMS MLN Matters Number: MM 11022 Release Date February 1, 2019
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11022.pdf>
- CMS National Coverage Determinations (NCDs). National Coverage Determination (NCD) for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (20.35). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=371&ncdver=1&DocID=20.35&bc=qAAAABAAAA&>
- Decision Memo for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (CAG-00449N). <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=287>



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REVISION LOG:

REVISIONS	DATE
Creation date	12/7/18
Annual Review	11/5/2020
Annual Review	10/29/2021
Annual Review	10/31/2022

Approved:	Date:	Approved:	Date:
	10/31/2022		
Glendon Henry, MD Senior Medical Director		Sanjiv Shah, MD Chief Medical Officer	

Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion



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that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.