



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (NCD 20.35)
<b>Policy Number:</b>	MP-077-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	11/01/2023; 12/01/2022; 11/19/2021; 11/23/2020; 12/09/2019; 12/15/2018
<b>Effective Date:</b>	12/01/2023; 01/01/2023; 12/20/2021; 12/21/2020; 12/09/2019; 12/15/2018
<b>Next Annual Review:</b>	10/2024
<b>Revision Date:</b>	10/18/2023; 10/19/2022; 10/20/2021; 10/21/2020; 10/16/2019; 02/11/2019
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating hospitals and providers
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### Policy History

<b>Date</b>	<b>Activity</b>
12/01/2023	Provider Effective date
10/18/2023	QI/UM Committee review
10/18/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'References Sources' section.
01/01/2023	Provider Effective date
10/19/2022	QI/UM Committee review
10/19/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
12/20/2021	Provider effective date
10/20/2021	QI/UM Committee review
10/20/2021	Annual Review: No changes to clinical criteria. Insured all links in working order. Reviewed coding and NCD. Updated Reference section.
12/21/2020	Provider effective date
10/21/2020	Annual Review: New Medicare Policy format implemented which includes removal of medical necessity and non-covered sections. Added links, and updated references.
10/21/2020	QI/UM Committee review
12/09/2019	Provider effective date

10/16/2019	Annual Review: under Indications, added total number of services considered medically necessary; updated Operational Guidelines and Reference section.
10/16/2019	QI/UM Committee Review Approval
02/11/2019	Coding revision based on MLN Matters # MM11022 expanding coverage to include diagnosis codes I70.411, I70.412, I70.413, I70.418, I70.511, I70.512, I70.513 & I70.518; updated Operational Guidelines that claim denials should be considered not medically necessary.
12/15/2018	Provider effective date
12/15/2018	Retro Provider effective date per MLN # MM11022 is 5/25/2017
10/17/2018	QI/UM Committee approval
09/24/2018	Initial policy developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the therapy benefits of the Company's Medicare products for medically necessary Supervised Exercise Therapy (SET) for symptomatic peripheral artery disease (PAD).

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

### **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Gateway Health<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service and Benefit Category  
The proper place of service for supervised exercise therapy (SET) is outpatient.
  - Incident to a physician's professional service
  - Outpatient Hospital Services Incident to a physician's service
  - physicians' services

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD or state-specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Link

- [NCD: Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\) \(20.35\)](#)
- There are no current LCDs related to this topic.

### CMS Transmittal

- [Pub 100-04 Medicare Claims Processing \(Transmittal 4049\)](#)

### Article Links

- [MLN Matters Number: MM10295](#)
- [MLN Matters Number: MM11022](#)
- [National Coverage Analysis \(NCA\) for Supervised Exercise Therapy \(SET\) for Symptomatic Peripheral Artery Disease \(PAD\) \(CAG-00449N\)](#)

## **References Sources**

The Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (20.35). Effective Date May 25, 2017. Implementation Date July 2, 2018. Accessed on October 9, 2023.

The Centers for Medicare and Medicaid Services (CMS). CMS Manual System. Pub 100-04 Medicare Claims Processing, Transmittal 4049. Effective Date May 25, 2017. Implementation Date July 2, 2018. Accessed on October 9, 2023.

The Centers for Medicare and Medicaid Services (CMS). National Coverage Article (NCA) Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (CAG-00449N). Accessed on October 9, 2023.

The Centers for Medicare and Medicaid Services (CMS). MLN Matters MM10295. Supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD). Release Date May 11, 2018. Effective date May 25, 2017. Implementation date July 2, 2018. Accessed on October 9, 2023.

The Centers for Medicare and Medicaid Services (CMS). MLN Matters MM11022. Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)—Clarification of Payment Rules and Expansion of International Classification of Diseases Tenth Edition (ICD-10) Diagnosis Codes. Release date February 1, 2019. Effective Date May 25, 2017. Accessed on October 9, 2023.

## **Coding Requirements**

### Procedure Code

<b>CPT Code</b>	<b>Description</b>
93668	Peripheral arterial disease (PAD) rehabilitation, per session

### Diagnosis Codes

<b>ICD-10 Code</b>	<b>Description</b>
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
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

170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity

**Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.