

MEDICAL POLICY – 8.01.537

Supervised Exercise Therapy for Peripheral Artery Disease

Ref. Policy: MP-151

Effective Date: Jul. 1, 2025

Last Revised: Jun. 9, 2025

Replaces: N/A

RELATED MEDICAL POLICIES:

None

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Introduction

Peripheral artery disease (PAD) is narrowing of the arteries that move blood to the outer parts of the body. The arteries narrow due to a buildup of fatty deposits (atherosclerosis). This leads to reduced blood flow. PAD can cause muscle pain, cramps, numbness, or tiredness in the legs during walking or exercise. Supervised exercise therapy (SET) is a way to reduce symptoms of PAD. This policy describes when supervised exercise therapy for peripheral artery disease may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Supervised exercise therapy (SET) for	Supervised exercise therapy (SET) for peripheral artery disease (PAD) may be considered medically necessary for individuals

Service	Medical Necessity
<p>peripheral artery disease (PAD)</p>	<p>with intermitted claudication (IC) for the treatment of symptomatic PAD. Up to 36 sessions over a 12-week period are covered if all of the following components of a SET program are met¹:</p> <ul style="list-style-type: none"> ○ Primarily focuses on intermittent walking exercise on a treadmill, interspersed with rest periods when pain becomes moderate or severe ○ Training is performed for a minimum of 30-45 minutes per 60 minute sessions comprising a therapeutic exercise-training program for PAD in individuals with claudication ○ Non-treadmill modalities (e.g., stationary bicycle) can used when appropriate and continually assessed to determine when or if the patient can use a treadmill ○ Be conducted in a hospital, an 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 ○ Be under the direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist trained in both basic and advanced life support techniques ● Individuals must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the individual must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments. ● An additional 36 sessions over an extended period of time may be covered. A second referral is required for these additional sessions. <p>Non-Covered Indications:</p> <ul style="list-style-type: none"> ● SET is not covered for individuals with absolute contraindications to exercise as determined by their primary physician.



Coding

Code	Description
CPT	
93668	Peripheral arterial disease (PAD) rehabilitation, per session
ICD-10 Codes	
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
I70.611	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



Code	Description
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity

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Related Information

N/A

Evidence Review

N/A

References

1. Gornik HL, Aronow HD, Goodney PP, et al. 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2024;83(24):2497-2604. doi:10.1016/j.jacc.2024.02.013

History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Supervised exercise therapy (SET) for peripheral artery disease (PAD) may be considered medically necessary for patients with intermittent claudication (IC) for the treatment of



Date	Comments
	symptomatic PAD. Up to 36 sessions over a 12 week period are covered if all of the components of a SET program are met.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. SET program requirements updated to specify that patients must be under direct supervision of a physician, physician assistant, or nurse practitioner/clinical nurse specialist trained in both basic and advanced life support techniques. References updated.
01/01/23	Annual Review, approved December 12, 2022. No changes to policy statement, references updated. Changed the wording from "patient" to "individual" throughout the policy for standardization.
11/01/23	Annual Review, approved October 23, 2023. No changes to policy statement.
07/01/24	Annual Review, approved June 24, 2024. No changes to policy statement.
07/01/25	Annual Review, approved June 9, 2025. Added in-text citations; updated indications; removed "Background" section; replaced original References with updated References; removed "Archived References".

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

