



Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)

Phone Number: 770-755-1779 | Fax Number: 770-755-5655

Patient Name: _____ DOB: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Phone: _____ Sex: M F

Medical Record # _____

Characteristics of CMS Coverage for Supervised Exercise in PAD:

- Exercise must be prescribed by a physician after a face-to-face meeting with the patient that includes counseling on cardiovascular disease prevention.
- Prescribed exercise must consist of exercise sessions three times weekly for 12 weeks.
- An additional 36 sessions maybe prescribed with written justification, after the first 12 weeks are completed and may take place over a long period of time.
- The exercise sessions must take place in a physician's office or outpatient hospital-affiliated setting.
- Exercise must be delivered by qualified personnel with training in basic and advanced life support and exercise therapy for PAD.
- Exercise must be supervised by a physician, physician's assistant or nurse practitioner/clinical nurse specialist.

MANY OF YOUR PATIENTS MAY ALREADY QUALIFY!

Eligible patients have experienced one or more of the following criteria: (Please check)

| | |
|--|--|
| <input type="checkbox"/> 170.211 – right leg | <input type="checkbox"/> 170.611 – right leg |
| <input type="checkbox"/> 170.212 – left leg | <input type="checkbox"/> 170.612 – left leg |
| <input type="checkbox"/> 170.213 – bilateral legs | <input type="checkbox"/> 170.613 – bilateral legs |
| <input type="checkbox"/> 170.218 – other extremity | <input type="checkbox"/> 170.618 – other extremity |
| <input type="checkbox"/> 170.311 – right leg | <input type="checkbox"/> 170.711 – right leg |
| <input type="checkbox"/> 170.312 – left leg | <input type="checkbox"/> 170.712 – left leg |
| <input type="checkbox"/> 170.313 – bilateral legs | <input type="checkbox"/> 170.713 – bilateral legs |
| <input type="checkbox"/> 170.318 – other extremity | <input type="checkbox"/> 170.718 – other extremity |

For additional information about reNew You Ornish Lifestyle Medicine Supervised Exercise Therapy Program and benefit coverage, call 770-755-1779

Physician Referral:

- I have examined the patient listed above and determined that his/her admission into the Supervised Exercise Therapy (SET) Program is medically necessary.

Physician's Name (please print): _____

Physicians Signature: _____ Date: _____ Time: _____

Office Phone #: _____ Office Fax #: _____