

**Policy #: 060**

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**Title**

**Outpatient Cardiac Rehabilitation**

For outpatient pulmonary rehabilitation, see policy [#136](#)

For PT, OT, and speech, see benefit information document [#215](#)

There is no medical policy on this subject. Cardiac rehabilitation is covered to the extent that these types of services are generally covered by each member's benefit design. The following billing guidelines are brought to you by Blue Cross Blue Shield of Massachusetts, for informational use. These guidelines are for **outpatient** cardiac rehabilitation services, only.

**When cardiac rehabilitation is recommended**

**Note: For our Medicare HMO Blue and Medicare PPO Blue members:**<sup>5</sup>

We cover cardiac rehabilitation for our **Medicare HMO Blue and Medicare PPO Blue members**, in accordance with Medicare's policy.<sup>5</sup>

For all our members, we recommend cardiac rehabilitation in the following instances:

- Though programs in accordance with the Commonwealth of Massachusetts State Mandate. Such programs provided at a facility meet the standards established by the Department of Public Health, including:
  - therapeutic exercise program
  - education
  - risk factor modification (e.g., dietary, stress reduction, smoking cessation)
  - counseling
  - diagnostic laboratory tests
  - electrocardiogram monitoring
- Programs initiated within twenty-six (26) weeks after the diagnosis of:
  - acute myocardial infarction; *or*
  - after cardiovascular surgery, such as:
    - coronary bypass graft
    - heart transplant due to coronary heart disease
    - valve replacement or repairs in patients complicated by coronary artery disease; *or*
  - after coronary angioplasty, *or*
  - patients with chronic stable angina pectoris (when treatment can modify risk factors)

We recommend a second course of treatment when:

- The above guidelines are met, and
- The member has a second qualifying event (e.g., cardiac surgery or myocardial infarction)

We recommend additional cardiac rehabilitation services when the patient has:

- Another documented myocardial infarction or extension of initial infarction

- Another cardiovascular surgery or angioplasty
- New evidence of ischemia or an exercise test, including thallium scan
- New coronary lesions documented by cardiac catheterization.

We recommend 8 visits for Low Risk Patients with the following characteristics:

- New York Heart Association (NYHA class I or class II:  
Class I: heart disease without symptoms  
symptoms occur only upon marked exertion  
Class II: heart disease with symptoms during ordinary activity. Symptoms occur upon marked moderate activity, e.g., walking up two flights of stairs.
- Physical work capacity (PWC) over six METs during leg exercise (finished stage I of Standard Bruce or 60 watts on the bicycle ergometer and do at least one minute of Stage II of the Standard Bruce or 90 watts of bicycle ergometer)
- No congestive heart failure (CHF)
- No evidence of ischemia during exercise
- The treatment goal is to provide the member with safe guidelines for self-administered exercise and health maintenance with a minimum follow-up.

We recommend 14 visits for Moderate Risk Patients with the following characteristics:

- NYHA class I or Class II
- PWC is less than six METs without evidence of ischemia or PWC over six METs with evidence of ischemia. Evidence of ischemia includes: chest pain, ST depression (not less than 1mm) on EKG significant fall in systolic blood pressure (BP) occurring during exercise, i.e., greater than 10mm Hg from resting pre-exercise BP
- Evidence of ischemia above six METs level
- No CHF
- Goal of treatment is to provide the member with safe guidelines for self-administered exercise and health maintenance with a minimum follow-up.

We recommend 24 visits for High Risk Patients with the following characteristics:

- NYHA class II or class III  
Class III: heart disease with symptoms during less than ordinary activity; symptoms while doing normal daily activities; marked limitation of physical activities
- CHF stable: evidence by persistent need for vasodilator, digitalis or diuretics, clinical evidence of rales at some time, and cardiac enlargement
- Evidence of ischemia at or below six METs
- Threatening arrhythmias: three or more ventricular premature beats (VPBs) in sequence or during the arrhythmia, a symptomatic fall in blood pressure occurring during exercise, during conditioning intensities.
- Goal of treatment is to establish a program that the member can follow safely and independently.

#### **When cardiac rehabilitation is not recommended**

We do not recommend cardiac rehabilitation if members have:

- conditions other than those specified above
- medical contraindications to rehabilitation.

#### **Managed care guidelines**

Please note that **effective May 1, 2004**: No referrals or authorizations are required for OPD cardiac rehabilitation.

**Cardiac Rehabilitation:**

- Authorizations are not required for outpatient cardiac rehabilitation services.
- Referrals are not required for outpatient cardiac rehabilitation services.

<b>Indemnity and PPO guidelines</b>
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**Cardiac Rehabilitation:**

- Authorizations are not required for outpatient cardiac rehabilitation services.

<b>Coding information</b>
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*Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

**Cardiac Rehabilitation:** When performed by a Participating Free Standing Cardiac Rehabilitation Center\* for Indemnity, PPA, HMO Blue and Medicare+Choice products. The following chart contains coding and reimbursement information for Participating Freestanding Cardiac Rehabilitation Centers. A single session is defined as a one hour session.

Revenue Code	CPT Code	Description
730	93000*	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
943	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
943	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
943	93799*	Unlisted cardiovascular service or procedure. For purposes of cardiac rehabilitation billing: This code shall mean: Intake evaluation that includes, but is not limited to: review of medical history, patient interview, clinical assessment, cardiac risk stratification, educational assessment of patient/family needs, psychological assessment, initial cardiac teaching, goal setting, and development of patient’s individualized care plan. Reimbursement for this service is for one intake evaluation only.

\*Separately billable procedure not included in per session fee.

- For Participating Freestanding Cardiac Rehabilitation Center\* providers, bill using your assigned cardiac rehabilitation provider number that begins with CRO for all products.

**Cardiac Rehabilitation:** When performed by a Hospital Based Outpatient Department Programs for Indemnity, PPA, HMO Blue and Medicare+Choice products. The following chart contains coding and reimbursement information for

Hospital Based OPD Programs.

Revenue Code	CPT Code	Description
943	93797	Physician services for outpatient cardiac rehabilitation; without continuous

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		EKG monitoring (per session)
943	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

- Reimbursement for cardiac rehabilitation services is provided as a comprehensive fee and should not be billed as separate services. Therefore, the following services, if billed by a professional provider, will deny as included in the global cardiac rehabilitation service: 93797 - physician services for outpatient cardiac rehabilitation; without continuous EKG monitoring (per session) and CPT code 93798 - with continuous EKG monitoring (per session). Enter the ICD.9.CM diagnosis code. Please do not list the procedure in the diagnosis form locator.
- For all plans, except Medicare HMO Blue, we limit members receiving cardiac rehabilitation as a result of angina pectoris to one course of treatment in a lifetime for that condition.
- Outpatient programs cannot bill Blue Cross and Blue Shield of Massachusetts for cardiac rehabilitation services as regular outpatient services, office visits or physical therapy under any other agreement which they may already have with the Corporation.
- Blue Shield will continue to reimburse providers for identifiable services which are unrelated to a cardiac rehabilitation program, but which are listed in the Blue Shield coding manual.

### Respiratory Therapy

- **Professional Billing:** Respiratory therapists do not have a participating agreement with Blue Cross and Blue Shield of Massachusetts. We reimburse services performed by a respiratory therapist affiliated with an institution as part of the facility fee. No professional billing is allowed.
- **Facility Outpatient Billing:** The facility is to use Revenue Code 410, 412 or 419. When billing for an extended billing period (i.e. a month), each date of service must be reported on a separate line and in form indicator 6 (statement covers period), please identify the date span.

### Other information

To renew cardiac rehabilitation services, the patient must have:

- another documented myocardial infarction or extension of the initial infarction
- another cardiovascular surgery or angioplasty
- new evidence of ischemia on an exercise test, including thallium scan
- new coronary lesions as demonstrated by cardiac catheterization.

Please contact Ancillary Contracting at 1-800-316-2583 to inquire about becoming a contracted Free Standing Cardiac Rehabilitation Center Facility.

**Freestanding Cardiac Rehabilitation Center\*:** a non hospital setting that is accredited by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

### Policy update history

Reviewed 12/96. Updated 4/97 to exclude cognitive rehab and coma stimulation for services after 7/9. Updated 12/97 to include 1998 CPT codes. Updated 12/97 to include HCPCS Level II codes. Reviewed 4/98; no changes in coverage were made. Reviewed 3/99; no changes in coverage were made. Updated 5/99 to convert medical policy on cardiac and pulmonary rehabilitation into a billing guideline. Updated 2/00 to revise cardiac rehabilitation billing information. Updated 3/00 to remove authorization requirements for cardiac and pulmonary rehabilitation. Updated 10/00 to include prior authorization for cardiac rehabilitation. Reviewed 3/02, no changes in coverage were made. Updated 3/04 cardiac and pulmonary rehabilitation billing information. Removed authorization and referral requirements for cardiac and pulmonary rehabilitation services effective 5/1/04. Clarified these guidelines are specific to outpatient cardiac and pulmonary rehabilitation services only. Updated 6/06 to remove 36 visit limit reference specific to cardiac rehab services for Medicare HMO Blue and Medicare PPO Blue plans to reflect current Medicare National Coverage Determination, effective 3/22/06. Updated 5/08 with definition of freestanding cardiac rehabilitation center and

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ancillary contracting contact information relative to freestanding cardiac rehabilitation centers. Updated 5/09 with corrected CPT code 93797 reporting physician services for outpatient cardiac rehabilitation. Updated 10/09 to remove all information on outpatient pulmonary rehabilitation including footnotes 1-4, and 6-10, as this is now separately addressed under new Medical Policy, #136, effective 11/09.

#### **Scientific background, Rationale and References**

<sup>5</sup> Medicare policy is developed separately from BCBSMA policy. While BCBSMA policy is based upon scientific evidence, Medicare policy incorporates scientific evidence with local expert opinion, and governmental regulations from CMS (Centers for Medicare and Medicaid Services) and the U.S Congress. While BCBSMA and Medicare policies may differ, Medicare HMO Blue and Medicare PPO Blue patients must be offered the same services as Medicare offers. In many instances, BCBSMA policies offer more benefits than does Medicare policy. Please see National Coverage Determination Manual specific to cardiac rehabilitation programs at the following web address:

[http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=20.10&ncd\\_version=2&basket=ncd%3A20%2E10%3A2%3ACardiac+Rehabilitation+Programs](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=20.10&ncd_version=2&basket=ncd%3A20%2E10%3A2%3ACardiac+Rehabilitation+Programs)

This document is designed for informational purposes only and is not an authorization, or an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

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