

CARDIAC REHABILITATION

Date of origin: Dec. 30, 2024

Review dates: None yet recorded

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise stated
- Medicaid follows MDHHS unless otherwise stated

DEFINITION

Cardiac rehabilitation is a physician supervised program which provides physician prescribed exercise, cardiac risk factor modification, psychosocial assessment and outcomes assessment.

Intensive cardiac rehabilitation (ICR) is a physician supervised program that provides cardiac rehabilitation and has shown, in peer-reviewed published research, that it improves patients' cardiovascular disease through specific outcome measurements.

There are three approved programs of ICR:

- Dr. Ornish's Program for Reversing Heart Disease
- Pritikin Program
- Benson-Henry Institute Cardiac Wellness Program

FOR MEDICARE

For indications that don't meet criteria of NCD, local LCD or specific medical policy, a Pre-Service Organization Determination (PSOD) will need to be completed. Get additional details on PSOD [in our Provider Manual](#).

MEDICAL POLICY

[Rehabilitative & Habilitative Medicine Services \(#91318\)](#)

POLICY SPECIFIC INFORMATION**Coding specifics**

Note for commercial plans: Phase II or Outpatient cardiac rehabilitation is subject to therapy limits as outlined in the member's schedule of benefits.

Cardiac Rehabilitation (CR)

93797 - Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798 - Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

These services must have a physician or non-physician practitioner immediately available with accessibility for medical consultations and emergencies at all times.

- Practitioners and Hospitals may report a MAXIMUM of 2 one-hour sessions per day.

- A limit of 36 sessions over up to 36 weeks. Additional sessions over an extended period will require approval.
- The duration of the session must be at least 31 minutes to report an hour. CR should not be reported for sessions less than 31 minutes.
- 2 sessions may be reported in the same day if the duration of treatment is at least 91 minutes.
- If shorter sessions are done in the same day, the minutes of services for those sessions may be added together to meet the needed timeframes.

Intensive Cardiac Rehabilitation (ICR)

G0422- Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session

G0423 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session

These services must have a physician or non-physician practitioner immediately available with accessibility for medical consultations and emergencies at all times.

- Must be an approved ICR program (see NCD for details)
- Specialty code 31
- A MAXIMUM of 6 one-hour sessions may be reported by Practitioners and Hospitals per day.
- A limit of 72 one-hour sessions over a period of up to 18 weeks.
- The treatment duration must be at least 31 minutes.
- Same day sessions may be added together but MAY NOT exceed the 6 one-hour session allowance.

Place of service

- 11 – Office
- 22 – On Campus Outpatient Hospital

Documentation requirements

- Physician prescribed exercise each day the services are provided
- Cardiac risk factor modification, which includes education, counseling and behavioral intervention tailored to the individual's needs.
- Psychosocial assessment
- Outcomes assessment
- Individualized treatment plan detailing how the components are used for each patient. This treatment plan must be established, reviewed and signed by a physician every 30 days.

Revenue code

- 943 – Other Therapeutic Services

Types of bill

- 013 – Hospital Outpatient
- 085 – Critical Access Hospital

Modifiers

- KX – Requirements specified in the medical policy have been met. (Use this modifier when frequency has been exceeded and all criteria in policy have been met)
- 59, XU, XE – Distinct services. Review our provider manual for information on the requirements for these modifiers [in our Provider Manual](#).

For Medicare:

- GA – Pre-service notice of non-coverage was provided by the plan
- GY – No pre-service determination was made

Get more information on the GA and GY modifiers [in our Provider Manual](#).

Resources

- [Medicare Claims Processing Manual – Chapter 32 – Billing Requirements for Special Services \(CMS\)](#)
- [NCD – Intensive Cardiac Rehabilitation \(ICR\) Programs \(20.31\) \(CMS\)](#)
- [CMS Manual System – Pub 100-04 Medicare Claims Processing – Section 140 \(CMS\)](#)
- [Intensive Cardiac Rehabilitation \(ICR\) Programs \(CMS\)](#)

CHANGE / REVIEW HISTORY

Date	Revisions made