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Cardiac Rehabilitation Programs

Key Words

MM4401, CR4401, R909CP, R52NCD, cardiac, rehabilitation

Provider Types Affected

All providers who bill Medicare for cardiac rehabilitation services

Key Points

- The effective date of the instruction is March 22, 2006.
- The implementation date is June 21, 2006.
- CR4401 updates the National Coverage Determination (NCD) Manual, Publication 100-03, Section 20.10, Cardiac Rehabilitation Programs (March 22, 2006), to include three newly covered indications:
 - Heart valve repair/replacement;
 - Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; and
 - Heart or heart-lung transplant.
- Medicare also has extended the time frame for performing the services to include up to 36 sessions: (generally, two to three sessions per week for 12 to 18 weeks) and lists the services required to provide a comprehensive program.

Expanded Coverage

- Effective for services performed on or after March 22, 2006, Medicare covers cardiac rehabilitation exercise programs for patients who meet one or more of the following criteria:
 - Have a documented diagnosis of acute myocardial infarction within the preceding 12 months;
 - Have had coronary bypass surgery;
 - Have stable angina pectoris;
 - Have had heart valve repair/replacement;
 - Have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or
 - Have a heart or heart/lung transplant.

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Note: Additional services may be covered at the discretion of the local Medicare contractor, but may not exceed 72 sessions within a 36-week period.

Clarification of Physician and Facility Requirements

- Physician and facility requirements include:
 - The program must be staffed by personnel necessary to conduct the program safely and effectively, who are trained in both basic and advanced life support techniques and in exercise therapy for coronary disease; and
 - The facility must have available for immediate use the necessary cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary, e.g., oxygen, cardio-pulmonary resuscitation equipment, or defibrillator.
- The *Medicare Claims Processing Manual* instructs that:
 - Cardiac rehabilitation programs shall be performed incident to physician's services in outpatient hospitals, or outpatient settings such as clinics or offices. Follow the policies for services incident to the services of a physician as they apply in each setting. For example, see Pub. 100-02, Chapter 6, Section 2.4.1, and Pub. 100-02, Chapter 15, Section 60.1.

Coding Requirements

- The following Current Procedural Terminology (CPT) codes apply:
 - **93797** – Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session); and
 - **93798** – Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session).
- Carriers and fiscal intermediaries will apply current payment methodologies, rates, and payments policies for cardiac rehabilitation services when these services are performed according to the new policy. However, they will not search and adjust claims that have already been processed unless brought to their attention.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4401.pdf>

Providers may view CR4401, Transmittal 52, the revised *Medicare National Coverage Determinations Manual*, Chapter 1 - Coverage Determinations, Part 1, Section 20.10 (Cardiac Rehabilitation Programs – effective March 22, 2006), at <http://www.cms.hhs.gov/Transmittals/downloads/R52NCD.pdf> on the CMS website.

Providers may view CR4401, Transmittal 909, the revised *Medicare Claims Processing Manual*, Chapter 32 (Billing Requirements for Special Services), Sections 140 (Cardiac Rehabilitation Programs) and 140.1 (Coding Requirements), at <http://www.cms.hhs.gov/Transmittals/downloads/R909CP.pdf> on the CMS website.

If providers have any questions, they may contact their carrier at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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