

Reporting of Cardiac Rehabilitation Questions and Answers

Q1: Must one session of CPT code 93798 (Physician services for cardiac rehabilitation, with continuous ECG monitoring (per session)) be a minimum of 60 minutes if only one session is provided that day?

A1: No, if a hospital provides and bills for only one session of cardiac rehabilitation services (using either CPT code 93797 or CPT code 93798) for a patient in a given day; that session does not have to be a minimum of 60 minutes. However, because Medicare only covers a limited number of sessions for a beneficiary according to national coverage policy, we expect that hospitals will carefully plan a Medicare beneficiary's cardiac rehabilitation so that the patient receives the anticipated benefit from the services.

Q2: If a hospital bills for three sessions of cardiac rehabilitation services for a patient on a given day, must they each be a minimum of 60 minutes?

A2: As stated in Transmittal 1417/ CR 5912, in order to report more than one session for a given date of service, each session must last a minimum of 60 minutes. For example, if the services provided on a given day total 1 hour and 50 minutes, then only one session should be billed to report the cardiac rehabilitation services provided on that day. Because Medicare only covers a limited number of sessions for a beneficiary according to national coverage policy, we expect that hospitals will carefully plan a Medicare beneficiary's cardiac rehabilitation so that the patient receives the anticipated benefit from the services.