

Local Coverage Article: Outpatient Cardiac Rehabilitation (A54068)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

Original Effective Date

A54068

10/01/2015

Article Title

Outpatient Cardiac Rehabilitation

Revision Effective Date

10/01/2019

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Revision Ending Date

N/A

Retirement Date

N/A

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Article Guidance

Article Text:

Medicare covers cardiac rehabilitation (CR) services to beneficiaries as per Sections 1861(s)(2)(CC) and 1861(eee)(1) of the Social Security Act and 42CFR410.49 which defines key terms and the cardiac conditions that would enable a beneficiary to obtain CR services.

This article provides coding requirements for outpatient cardiac rehabilitation services.

Sources:

- Internet Only Manual (IOM) "[Medicare Benefit Policy Manual](#), Publication 100-02,- Chapter 15, Section 60
- IOM "[National Coverage Determinations Manual](#), Publication 100-03, Chapter 1, Part 1, Section 20.10.1
- IOM Medicare "[General Information, Eligibility and Entitlement Manual](#), Publication 100-01, Chapter 5, Section 70.7
- IOM "[Medicare Claims Processing Manual](#), Publication 100-04, Chapter 32, Section 140
- [Transmittal 126, CR6850 dated May 21, 2010](#)
- [Transmittal 1974, CR6850 dated May 21, 2010](#)
- [Transmittal 339, CR6850 dated May 21, 2010](#)
- [Transmittal 170, CR6850 dated May 21, 2010](#)
- [Transmittal 125, CR7113 dated September 24, 2010](#)
- [Transmittal 3058, CR 8758 dated July 18, 2014](#)
- [Transmittal 1798, CR 9982 dated February 17, 2017](#)

Coding Information

CPT/HCPCS Codes**Group 1 Paragraph:**

The Current Procedural Terminology (CPT) Manual codes appropriate for cardiac rehabilitation include:

Group 1 Codes:

CODE	DESCRIPTION
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)

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

The following diagnoses support cardiac rehabilitation:

*Use Z48.812 only to describe cardiac valvular repair for dates of service October 1, 2015 and after.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
I20.1	Angina pectoris with documented spasm

ICD-10 CODE	DESCRIPTION
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris

ICD-10 CODE	DESCRIPTION
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm

ICD-10 CODE	DESCRIPTION
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I50.22	Chronic systolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.812	Chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
Z48.21	Encounter for aftercare following heart transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.812	Encounter for surgical aftercare following surgery on the circulatory system
Z94.1	Heart transplant status
Z94.3	Heart and lungs transplant status
Z95.1	Presence of aortocoronary bypass graft

ICD-10 CODE	DESCRIPTION
Z95.2	Presence of prosthetic heart valve
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement
Z95.5	Presence of coronary angioplasty implant and graft
Z96.82	Presence of neurostimulator
Z96.89	Presence of other specified functional implants
Z98.61	Coronary angioplasty status
Z98.890	Other specified postprocedural states

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R5	Added ICD-10 code Z96.82 effective 10/01/2019 per the 2019 ICD-10 updates.
02/09/2018	R4	Effective date corrected from 2/8/2018 to 2/9/2018 to allow dx I50.82, I50.83, I50.84, I50.89 I50.812 and I50.814. Corrected hyperlink for Transmittal 1798, CR 9982.
02/08/2018	R3	Added ICD-10-CM codes I21.21, I22.2, I22.9, Z98.890 effective 5/26/2017 and I50.82, I50.83, I50.84, I50.89 I50.812 and I50.814 effective 02/08/2018.
07/01/2017	R2	Per CR 9982 Clarified when providers can perform both Intensive Cardiac Rehab & Cardiac Rehab and switching between the two types effective 0701/2017. Also deleted the Group 2 Section for Intensive Cardiac Rehabilitation HCPCS codes which is covered in the IOM "Medicare Processing Manual", Publication 100-4, Chapter 32, Section 140.3.
12/22/2016	R1	Article revised to add ICD-10 codes I21.01, I21.02, I22.0, I22.1 and I22.8 to the Group 1 ICD-10 codes effective 09/13/2016. Effective 12/22/16, this Local Coverage Article combines JEA A54067 into the JEB article A54068 so that both JEA and JEB contract numbers will have the same final MCD article number of A54068.

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 10/04/2019 with effective dates 10/01/2019 - N/A

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