

Only a direct referral for observation services billed on a 13X bill type may be considered for a composite APC payment

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

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(Rev.1871, 12-11-09)

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140 - Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

140.1 – Cardiac Rehabilitation Program Services Furnished On or Before Dec. 31, 2009

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

Medicare covers cardiac rehabilitation exercise programs for patients who meet the following criteria:

- Have a documented diagnosis of acute myocardial infarction within the preceding 12 months; or*
- Have had coronary bypass surgery; or*
- Have stable angina pectoris; or*
- Have had heart valve repair/replacement; or*
- Have had percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or*
- Have had a heart or heart-lung transplant.*

Effective for dates of services on or after March 22, 2006, services provided in connection with a cardiac rehabilitation exercise program may be considered reasonable and necessary for up to 36 sessions. Patients generally receive 2 to 3 sessions per week for 12 to 18 weeks. The contractor has discretion to cover cardiac rehabilitation services beyond 18 weeks. Coverage must not exceed a total of 72 sessions for 36 weeks.

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, §2.4.1, and Pub. 100-02, Chapter 15, §60.1. (Refer to Publication 100-03, §20.10 for further coverage guidelines.)

140.1.1 - Coding Requirements for Cardiac Rehabilitation Services Furnished On or Before Dec. 31, 2009

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

The following are the applicable HCPCS codes:

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).

Effective for dates of service on or after January 1, 2008 and before January 1, 2010, providers and practitioners may report more than one unit of CPT code 93797 or 93798 for a date of service if more than one cardiac rehabilitation session lasting at least 1 hour each is provided on the same day. 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 cardiac rehabilitation 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.

140.2 – Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

As specified at 42 CFR 410.49, Medicare covers cardiac rehabilitation items and services for patients who have experienced one or more of the following:

- An acute myocardial infarction within the preceding 12 months; or*
- A coronary artery bypass surgery; or*
- Current stable angina pectoris; or*
- Heart valve repair or replacement; or*

- *Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or*
- *A heart or heart-lung transplant.*

Cardiac rehabilitation programs must include the following components:

- *Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished;*
- *Cardiac risk factor modification, including education, counseling, and behavioral intervention at least once during the program, tailored to patients' individual needs;*
- *Psychosocial assessment;*
- *Outcomes assessment; and*
- *An individualized treatment plan detailing how components are utilized for each patient.*

Cardiac rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all time items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for the direct supervision of physician's office services as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.

As specified at 42 CFR 410.49(f)(1), cardiac rehabilitation program sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions over up to 36 weeks, with the option for an additional 36 sessions over an extended period of time if approved by the Medicare contractor.

140.2.1 – Coding Requirements for Cardiac Rehabilitation Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

The following are the applicable CPT codes for cardiac rehabilitation services:

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)

Effective for dates of service on or after January 1, 2010, hospitals and practitioners may report a maximum of 2 1-hour sessions per day. In order to report one session of cardiac rehabilitation services in a day, the duration of treatment must be at least 31 minutes. Two sessions of cardiac rehabilitation services may only be reported in the same day if the duration of treatment is at least 91 minutes. In other words, the first session would account for 60 minutes and the second session would account for at least 31 minutes if two sessions are reported. If several shorter periods of cardiac rehabilitation services are furnished on a given day, the minutes of service during those periods must be added together for reporting in 1-hour session increments.

Example: *If the patient receives 20 minutes of cardiac rehabilitation services in the day, no cardiac rehabilitation session may be reported because less than 31 minutes of services were furnished.*

Example: *If a patient receives 20 minutes of cardiac rehabilitation services in the morning and 35 minutes of cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report 1 session of cardiac rehabilitation services under 1 unit of the appropriate CPT code for the total duration of 55 minutes of cardiac rehabilitation services on that day.*

Example: *If the patient receives 70 minutes of cardiac rehabilitation services in the morning and 25 minutes of cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of cardiac rehabilitation services under the appropriate CPT code(s) because the total duration of cardiac rehabilitation services on that day of 95 minutes exceeds 90 minutes.*

Example: *If the patient receives 70 minutes of cardiac rehabilitation services in the morning and 85 minutes of cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of cardiac rehabilitation services under the appropriate CPT code(s) for the total duration of cardiac rehabilitation services of 155 minutes. A maximum of two sessions per day may be reported, regardless of the total duration of cardiac rehabilitation services.*

140.3 – Intensive Cardiac Rehabilitation Program Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

As specified at 42 CFR 410.49, Medicare covers intensive cardiac rehabilitation items and services for patients who have experienced one or more of the following:

- *An acute myocardial infarction within the preceding 12 months; or*
- *A coronary artery bypass surgery; or*
- *Current stable angina pectoris; or*
- *Heart valve repair or replacement; or*
- *Percutaneous transluminal coronary angioplasty (PTCA) or coronary stenting; or*
- *A heart or heart-lung transplant.*

Intensive cardiac rehabilitation programs must include the following components:

- *Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished;*
- *Cardiac risk factor modification, including education, counseling, and behavioral intervention at least once during the program, tailored to patients' individual needs;*
- *Psychosocial assessment;*
- *Outcomes assessment; and*
- *An individualized treatment plan detailing how components are utilized for each patient.*

Intensive cardiac rehabilitation programs must be approved by Medicare. In order to be approved, a program must demonstrate through peer-reviewed published research that it has accomplished one or more of the following for its patients:

- *Positively affected the progression of coronary heart disease;*
- *Reduced the need for coronary bypass surgery; and*
- *Reduced the need for percutaneous coronary interventions.*

An intensive cardiac rehabilitation program must also demonstrate through peer-reviewed published research that it accomplished a statistically significant reduction in 5 or more of the following measures for patients from their levels before cardiac rehabilitation services to after cardiac rehabilitation services:

- *Low density lipoprotein;*
- *Triglycerides;*
- *Body mass index;*
- *Systolic blood pressure;*
- *Diastolic blood pressure; and*
- *The need for cholesterol, blood pressure, and diabetes medications.*

Intensive cardiac rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all time items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for direct supervision of physician office services as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.

As specified at 42 CFR 410.49(f)(2), intensive cardiac rehabilitation program sessions are limited to 72 1-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.

140.3.1 – Coding Requirements for Intensive Cardiac Rehabilitation Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

The following are the applicable HCPCS codes for intensive cardiac rehabilitation services:

G0422 (Intensive cardiac rehabilitation; with or without continuous ECG monitoring, with exercise, per hour, per session)

G0423 (Intensive cardiac rehabilitation; with or without continuous ECG monitoring, without exercise, per hour, per session)

Effective for dates of service on or after January 1, 2010, hospitals and practitioners may report a maximum of 6 1-hour sessions per day. In order to report one session of cardiac rehabilitation services in a day, the duration of treatment must be at least 31 minutes. Additional sessions of intensive cardiac rehabilitation services beyond the first session may only be reported in the same day if the duration of treatment is 31 minutes or greater beyond the hour increment. In other words, in order to report 6 sessions of intensive cardiac rehabilitation services on a given date of service, the first five sessions would account for 60 minutes each and the sixth session would account for at least 31 minutes. If several shorter periods of intensive cardiac rehabilitation services are furnished on a given day, the minutes of service during those periods must be added together for reporting in 1-hour session increments.

Example: *If the patient receives 20 minutes of intensive cardiac rehabilitation services in the day, no intensive cardiac rehabilitation session may be reported because less than 31 minutes of services were furnished.*

Example: *If a patient receives 20 minutes of intensive cardiac rehabilitation services in the morning and 35 minutes of intensive cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report 1 session of intensive cardiac rehabilitation services under 1 unit of the appropriate HCPCS G-code for the total duration of 55 minutes of intensive cardiac rehabilitation services on that day.*

Example: *If the patient receives 70 minutes of intensive cardiac rehabilitation services in the morning and 25 minutes of intensive cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of intensive cardiac rehabilitation services under the appropriate HCPCS G-code(s) because the total duration of intensive cardiac rehabilitation services on that day of 95 minutes exceeds 90 minutes.*

Example: *If the patient receives 70 minutes of intensive cardiac rehabilitation services in the morning and 85 minutes of intensive cardiac rehabilitation services in the afternoon of a single day, the hospital or practitioner would report three sessions of intensive cardiac rehabilitation services under the appropriate HCPCS G-code(s) because the total duration of intensive cardiac rehabilitation services on that day is 155 minutes, which exceeds 150 minutes and is less than 211 minutes..*

140.4 – Pulmonary Rehabilitation Program Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

As specified in 42 CFR 410.47, Medicare covers pulmonary rehabilitation items and services for patients with moderate to very severe COPD (defined as GOLD classification II, III and IV), when referred by the physician treating the chronic respiratory disease.

Pulmonary rehabilitation programs must include the following components:

- Physician-prescribed exercise . Some aerobic exercise must be included in each pulmonary rehabilitation session;*
- Education or training closely and clearly related to the individual's care and treatment which is tailored to the individual's needs, including information on respiratory problem management and, if appropriate, brief smoking cessation counseling;*
- Psychosocial assessment;*
- Outcomes assessment; and*
- An individualized treatment plan detailing how components are utilized for each patient.*

Pulmonary rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all time items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for direct supervision of physician office services as specified at 42 CFR 410.26 and for hospital outpatient therapeutic services as specified at 42 CFR 410.27.

As specified at 42 CFR 410.47(f), pulmonary rehabilitation program sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions over an extended period of time if approved by the Medicare contractor.

140.4.1 – Coding Requirements for Pulmonary Rehabilitation Services Furnished On or After January 1, 2010

(Rev.1871, Issued: 12-11-09, Effective: 01-01-10, Implementation: 01-04-10)

The following is the applicable HCPCS code for pulmonary rehabilitation services:

*G0424 (Pulmonary rehabilitation, including exercise (includes monitoring), per hour,
per session)*

Effective for dates of service on or after January 1, 2010, hospitals and practitioners may report a maximum of 2 1-hour sessions per day. In order to report one session of pulmonary rehabilitation services in a day, the duration of treatment must be at least 31 minutes. Two sessions of pulmonary rehabilitation services may only be reported in the same day if the duration of treatment is at least 91 minutes. In other words, the first session would account for 60 minutes and the second session would account for at least 31 minutes, if two sessions are reported. If several shorter periods of pulmonary rehabilitation services are furnished on a given day, the minutes of service during those periods must be added together for reporting in 1-hour session increments.

Example: *If the patient receives 20 minutes of pulmonary rehabilitation services in the day, no pulmonary rehabilitation session may be reported because less than 31 minutes of services were furnished.*

Example: *If a patient receives 20 minutes of pulmonary rehabilitation services in the morning and 35 minutes of pulmonary rehabilitation services in the afternoon of a single day, the hospital or practitioner would report 1 session of pulmonary rehabilitation services under 1 unit of the HCPCS G-code for the total duration of 55 minutes of pulmonary rehabilitation services on that day.*

Example: *If the patient receives 70 minutes of pulmonary rehabilitation services in the morning and 25 minutes of pulmonary rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of pulmonary rehabilitation services under the HCPCS G-code because the total duration of pulmonary rehabilitation services on that day of 95 minutes exceeds 90 minutes.*

Example: *If the patient receives 70 minutes of pulmonary rehabilitation services in the morning and 85 minutes of pulmonary rehabilitation services in the afternoon of a single day, the hospital or practitioner would report two sessions of pulmonary rehabilitation services under the HCPCS G-*

code for the total duration of pulmonary rehabilitation services of 155 minutes. A maximum of two sessions per day may be reported, regardless of the total duration of pulmonary rehabilitation services.