



QUICK GUIDE TO STANDARDS OF CARE FOR CHRONIC DISEASE SCREENING
Connect Patients Eligible for Cardiac Rehabilitation to Life-Saving Services

Cardiac Rehabilitation Referral Eligibility

Cardiac-related conditions or events	Cardiac procedures
<ul style="list-style-type: none"> • Heart attack in the past 12 months • Stable chronic heart failure • Current stable angina 	<ul style="list-style-type: none"> • Coronary angioplasty or stent • Bypass surgery • Heart valve replacement or repair • Heart or heart-lung transplant

The Importance of Cardiac Rehab from the Agency for Healthcare Research and Quality (AHRQ) TakeHeart® Initiative

Core Cardiac Rehab Components	Patient Benefits	Cardiac Rehab Hospital Benefits
<ul style="list-style-type: none"> ✓ Supervised exercise training ✓ Education and skills development ✓ Psychosocial counseling 	<ul style="list-style-type: none"> ✓ Reduced risk of death ✓ Fewer symptoms, such as angina and fatigue ✓ Decreased heart attack recurrence ✓ Better medication adherence ✓ Improved exercise performance ✓ Increased quality of life and ability to perform daily living activities ✓ Better patient understanding of heart disease and its management ✓ Improved patient mood 	<ul style="list-style-type: none"> ✓ Improved quality of care and outcomes ✓ Reduced readmissions ✓ Improved quality metrics ✓ Increased readiness for value-based payment initiatives

The following are the applicable Current Procedural Technology (CPT) codes for CR services:

- 93797** Physician or other qualified health care professional services for outpatient cardiac rehabilitation, without continuous ECG monitoring (per session)
- 93798** Physician or other qualified care health professional services for outpatient cardiac rehabilitation, with continuous ECG monitoring (per session)

References:

1. AHRQ Take Heart Cardiac Rehab Benefits Page <https://takeheart.ahrq.gov/case-cardiac-rehabilitation/benefits#eligible>
2. Medicare Claims Processing: <https://www.cms.gov/files/document/r11426cp.pdf>



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Know When To Refer Patients to an Advanced Heart Failure Center for Intensive Cardiac Rehabilitation

Intensive Cardiac Rehabilitation Referral Eligibility

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| <ul style="list-style-type: none"> • If their left ventricular ejection fraction is less than 35% • They show signs of (American Heart Association Class III-IV functional status; see breakdown below) • There have been two or more hospital admissions in the last year or readmission within six months • There is an increased left ventricular end-diastolic dimension (6.5 cm or greater) • Patients experience reduced end-organ perfusion in renal or hepatic function | <ul style="list-style-type: none"> • Patients have reduced tolerance or there is a medical inability to up titrate Angiotensin Converting Enzyme (ACE) inhibitors and beta blockers for them • Their blood pressure is consistently low with systolic pressure of less than 100 mm Hg • There is a need for intravenous inotropic medication support • There is an increased need for diuretics or patients present with persistent edema |
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New York Heart Association Functional Classification (Adapted from the American Heart Association Classes of Heart Failure)

Class	Patient Symptoms	Class	Objective Assessment
I	No limitation on physical activity. Ordinary physical activity does not cause undue fatigue, palpitation or dyspnea (shortness of breath).	A	No objective evidence of cardiovascular disease. No symptoms and no limitations in ordinary physical activity.
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation or dyspnea (shortness of breath).	B	Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation or dyspnea (shortness of breath).	C	Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.	D	Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.

The following are the applicable Health Care Procedure Coding System HCPCS codes for ICR:

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

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

References:

1. Guidance for Timely and Appropriate Referral of Patients with Advanced Heart Failure: A Scientific Statement from the American Heart Association: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001016#d1e849>
2. Medicare Claims Processing: <https://www.cms.gov/files/document/r11426cp.pdf>
3. American Heart Association Classes of Heart Failure <https://www.heart.org/en/health-topics/heart-failure/what-is-heart-failure/classes-of-heart-failure>