

Cardiac rehabilitation 1

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *93797, *93798

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See below for the questions you'll encounter in the e-referral system.

Q Is this an INITIAL request for phase II cardiac rehabilitation or an EXTENSION of a previously approved request for cardiac rehab?

A

Possible answers: Initial Extension N/A

Q Is the patient medically stable and able to tolerate exercise for 20-40 minutes?

A

Possible answers: Yes No N/A



**Blue Care
Network**
of Michigan

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Preview questionnaire: Cardiac rehabilitation 1

For BCN HMOSM (commercial) members

Effective June 14, 2020

Q In the past 12 months, has the patient been diagnosed with at least ONE of following conditions (A-G)? A. Acute myocardial infarction B. Coronary artery bypass graft surgery C. Current stable angina pectoris D. Percutaneous transluminal coronary angioplasty or coronary stenting E. Heart valve surgery F. Heart or heart-lung transplant G. Compensated heart failure

A

Possible answers: Yes No N/A

Q Is the request for phase III or phase IV rehabilitation? Note: If this is NOT a request for phase III or phase IV cardiac rehab, you MUST select N/A.

A

Possible answers: Yes No N/A