

Cardiac rehabilitation 2

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 Has the patient been diagnosed with at least ONE of following conditions (A-F)? A. Acute myocardial infarction in the past 12 months B. Coronary bypass surgery C. Stable angina pectoris D. Percutaneous transluminal coronary angioplasty or coronary stenting E. Heart valve repair or replacement surgery F. Heart or heart-lung transplant

A

Possible answers: Yes No N/A



**Blue Care
Network**
of Michigan

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Preview questionnaire:

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For BCN AdvantageSM members

Effective Aug. 25, 2019

Q Has the patient been diagnosed with stable, chronic heart failure defined as ALL of the following (A-C)? A. A left ventricular ejection fraction of 35% or less B. New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks C. No recent (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalizations or procedures

A

Possible answers: Yes No N/A