A Message to

Business Office Managers

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Memorandum

TO: AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: July 7, 2005

SUBJECT: CARDIAC REHABILITATION BILLING REQUIREMENTS

The purpose of this bulletin is to clarify the billing requirements and diagnosis codes that are appropriate to report for cardiac rehabilitation services.

Cardiac rehabilitation is usually performed in the outpatient setting (e.g., facility based, physician suite). For most individuals, cardiac rehabilitation can be completed in 36 sessions. Medical necessity determination applies only if the benefit exists and has not been exhausted and no contract exclusions are applicable. Individual benefits must be verified as limitations may apply.

Cardiac rehabilitation must be billed with one of the following diagnosis codes listed as the primary diagnosis code.

398.91: Rheumatic heart failure (congestive)

402.01: Malignant hypertensive heart disease with heart failure

402.11: Benign hypertensive heart disease with heart failure

402.91: Unspecified hypertensive heart disease with heart failure

404.01: Malignant hypertensive heart and renal disease with heart failure

404.03: Malignant hypertensive heart and renal disease with heart failure and renal failure

404.11: Benign hypertensive heart and renal disease with heart failure

404.13: Benign hypertensive heart and renal disease with heart failure and renal failure

404.91: Unspecified hypertensive heart and renal disease with heart failure

404.93: Unspecified hypertensive heart and renal disease with heart failure and renal failure

410.00: Acute myocardial infarction of anterolateral wall, episode of care unspecified

410.01: Acute myocardial infarction of anterolateral wall, initial episode of care

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410.02: Acute myocardial infarction of anterolateral wall, subsequent episode of care

410.10: Acute myocardial infarction of other anterior wall, episode of care unspecified

410.11: Acute myocardial infarction of other anterior wall, initial episode of care

410.12: Acute myocardial infarction of other anterior wall, subsequent episode of care

410.20: Acute myocardial infarction of inferolateral wall, episode of care unspecified

410.21: Acute myocardial infarction of inferolateral wall, initial episode of care

410.22: Acute myocardial infarction of inferolateral wall, subsequent episode of care

410.30: Acute myocardial infarction of inferoposterior wall, episode of care unspecified

410.31: Acute myocardial infarction of inferoposterior wall, initial episode of care

410.32: Acute myocardial infarction of inferoposterior wall, subsequent episode of care

410.40: Acute myocardial infarction of other inferior wall, episode of care unspecified

410.41: Acute myocardial infarction of other inferior wall, initial episode of care

410.42: Acute myocardial infarction of other inferior wall, subsequent episode of care

410.50: Acute myocardial infarction of other lateral wall, episode of care unspecified

410.51: Acute myocardial infarction of other lateral wall, initial episode of care

410.52: Acute myocardial infarction of other lateral wall, subsequent episode of care

410.60: Acute myocardial infarction, true posterior wall infarction, episode of care unspecified

410.61: Acute myocardial infarction, true posterior wall infarction, initial episode of care

410.62: Acute myocardial infarction, true posterior wall infarction, subsequent episode of care

410.70: Acute myocardial infarction, subendocardial infarction, episode of care unspecified

410.71: Acute myocardial infarction, subendocardial infarction, initial episode of care

410.72: Acute myocardial infarction, subendocardial infarction, subsequent episode of care

410.80: Acute myocardial infarction of other specified sites, episode of care unspecified

410.81: Acute myocardial infarction of other specified sites, initial episode of care

410.82: Acute myocardial infarction of other specified sites, subsequent episode of care

410.90: Acute myocardial infarction, unspecified site, episode of care unspecified

410.91: Acute myocardial infarction, unspecified site, initial episode of care

410.92: Acute myocardial infarction, unspecified site, subsequent episode of care

411.0: Postmyocardial infarction syndrome

411.1: Intermediate coronary syndrome

411.81: Acute coronary occlusion without myocardial infarction

411.89: Other acute and subacute form of ischemic heart disease

412: Old myocardial infarction

413.0: Angina decubitus

413.1: Prinzmetal angina

413.9: Other and unspecified angina pectoris

414.00: Coronary atherosclerosis of unspecified type of vessel, native or graft

414.01: Coronary atherosclerosis of native coronary artery

414.02: Coronary atherosclerosis of autologous vein bypass graft

414.03: Coronary atherosclerosis of nonautologous biological bypass graft

414.04: Coronary atherosclerosis of artery bypass graft

414.05: Coronary atherosclerosis of unspecified type of bypass graft

414.06: Coronary atherosclerosis of native coronary artery of transplanted heart

414.07: Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart

414.8: Other specified forms of chronic ischemic heart disease

414.9: Unspecified chronic ischemic heart disease

428.0: Congestive heart failure, unspecified

428.1: Left heart failure

428.20: Unspecified systolic heart failure

428.22: Chronic systolic heart failure

428.30: Unspecified diastolic heart failure

428.32: Chronic diastolic heart failure

428.40: Unspecified combined systolic and diastolic heart failure

428.42: Chronic combined systolic and diastolic heart failure

428.9: Unspecified heart failure

429.4: Functional disturbances following cardiac surgery

429.79: Other certain sequelae of myocardial infarction, not elsewhere classified

429.89: Other ill-defined heart disease

429.9: Unspecified heart disease

440.0: Atherosclerosis of aorta

440.30: Atherosclerosis of unspecified bypass graft of extremities

440.31: Atherosclerosis of autologous vein bypass graft of extremities

440.32: Atherosclerosis of nonautologous biological bypass graft of extremities

440.9: Generalized and unspecified atherosclerosis

746.85: Congenital coronary artery anomaly

997.1: Cardiac complications

V42.1: Heart replaced by transplant

V42.2: Heart valve replaced by transplant

V43.2: Heart replaced by other means

V43.21: Organ or tissue replaced by other means, heart assist device

V43.22: Organ or tissue replaced by other means, fully implantable artificial heart

V43.3: Heart valve replaced by other means

V45.81: Postsurgical aortocoronary bypass status

V45.82: Postsurgical percutaneous transluminal coronary angioplasty status

If you have any questions regarding this bulletin, please contact your Hospital Services Coordinator or the Provider Relations Department at 856-778-6500.