

PROVIDER Update



REGULATORY | JUNE 27, 2018 | UPDATE 18-437 | 2 PAGES

New Outpatient Cardiac Rehabilitation Services Requirements for Medi-Cal

Per the Department of Health Care Services (DHCS), effective April 1, 2018, outpatient cardiovascular rehabilitation is a covered benefit for Medi-Cal members. Health Net Community Solutions, Inc. (Health Net) is notifying participating Medi-Cal providers about new prior authorization and claims coding requirements for outpatient cardiac rehabilitation services.

PRIOR AUTHORIZATION REQUIREMENT

Effective September 1, 2018, Health Net is requiring prior authorization for intensive cardiac rehabilitation (ICR) services for Medi-Cal members, including.

- Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise (G0422)
- Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise (G0423)

In accordance with DHCS treatment authorization request (TAR) requirements, ICR services must be provided within an ICR program approved by the Centers for Medicare & Medicaid Services (CMS). Providers must include the following when submitting a prior authorization request for ICR services:

- CMS-approved program the member is participating in
- Qualifying diagnosis
- Treatment plan
- Duration of services

Prior authorization requirements are available on the Health Net provider website at provider.healthnet.com both pre-log in and post-log in.

Providers participating through a participating physician group (PPG) must contact their PPG, follow the PPG's prior authorization process and use the PPG's forms.

CLAIMS CODING REQUIREMENT

Providers are required to submit appropriate CPT-4 or HCPCS codes and include one of the ICD-10-CM diagnosis codes listed in this update to receive reimbursement of cardiac rehabilitation claims for dates of service on or after April 1, 2018, for Health Net Medi-Cal members. Claims without the ICD-10 diagnosis code may be denied. Frequency restrictions also apply to outpatient cardiac rehabilitation services.

CPT AND HCPCS CODES

Providers must use the appropriate CPT-4 or HCPCS codes from the table below when submitting claims to Health Net for cardiac rehabilitation services:

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Molina
 - Los Angeles
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

1-800-675-6110

provider.healthnet.com

PROVIDER COMMUNICATIONS

[provider.communications@](mailto:provider.communications@healthnet.com)

healthnet.com

fax 1-800-937-6086

CPT-4 code	Description	Frequency restrictions
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitor (per session)	When billing CPT-4 codes 93797 and 93798, there is a maximum of two one-hour sessions per day and up to a maximum of 24 one-hour sessions over a 24-week period.
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	
HCPCS code	Description	Frequency restrictions
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise (per session)	When billing HCPCS codes G0422 and G0423, there is a maximum of six one-hour sessions per day and up to a maximum of 72 one-hour sessions over an 18-week period.
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise (per session)	

Additional Restrictions

CPT-4 codes 93797 and 93798 are not reimbursed in the same calendar month as HCPCS codes G0422 and G0423, for any provider. Alternately, HCPCS codes G0422 and G0423 are not reimbursed in the same calendar month as CPT-4 codes 93797 and 93798, for any provider.

Modifiers

Providers may use modifiers SA, U7, 24, 25, and 99 with the CPT-4 and HCPCS codes noted in the table above.

ICD-10-CM diagnosis codes

Providers must include one of the ICD-10-CM diagnosis codes in the table below when submitting cardiac rehabilitation claims to Health Net for reimbursement of CPT-4 codes 93797 and 93798 or HCPCS codes G0422 and G0423:

I20.1–I22.9	I25.761–I25.769	I70.411–I70.413
I25.111–I25.119	I25.791–I25.799	I70.511–I70.513
I25.701–I25.709	I50.22	I70.611–I70.613
I25.711–I25.719	I50.32	I70.711–I70.713
I25.721–I25.729	I50.42	Z95.1
I25.731–I25.739	I70.211–I70.213	Z95.5
I25.751–I25.759	I70.311–I70.313	Z98.61

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.