Cardiac and Pulmonary Rehabilitation Facility Payment Policy

The following payment policy applies to Tufts Health Plan contracted outpatient facilities. This policy (except where otherwise noted) applies to Commercial1 (including Tufts Health Freedom Plan), Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) products.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

Note: Audit and disclaimer information is located at the end of this document.

POLICY
Tufts Health Plan covers medically necessary cardiac and pulmonary rehabilitation services, as described below.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to our secure Provider website or by contacting Provider Services.

Note: There is no member responsibility for Tufts Health Plan SCO members.

Cardiac Rehabilitation Services
Coverage is provided for the cost of outpatient treatment of documented cardiovascular disease that is initiated within 26 weeks after diagnosis of cardiovascular disease. Tufts Health Plan covers the following:
- Outpatient convalescent phase of the rehabilitation program following hospital discharge
- Outpatient phase of the program that addresses multiple risk reduction, adjustment to illness and therapeutic exercise.

BILLING INSTRUCTIONS
Cardiac Rehabilitation
The following table lists cardiac rehabilitation CPT procedure codes that are accepted by Tufts Health Plan. The absence or presence of a CPT code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>93797</td>
<td>Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)</td>
</tr>
<tr>
<td>93798</td>
<td>Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)</td>
</tr>
</tbody>
</table>

Pulmonary Rehabilitation
The following table lists pulmonary rehabilitation HCPCS codes that are accepted by Tufts Health Plan. The absence or presence of a HCPCS code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0237</td>
<td>Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0238</td>
<td>Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)</td>
</tr>
</tbody>
</table>

1 Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.
<table>
<thead>
<tr>
<th>Procedure Codes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>G0239</td>
<td>Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)</td>
</tr>
</tbody>
</table>

**COMPENSATION/REIMBURSEMENT INFORMATION**
Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by you as the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold you accountable for any inappropriate behavior on the part of the non-participating lab that you selected.

**E&M Services with Outpatient Cardiac Rehabilitation (Commercial products only)**
Tufts Health Plan does not compensate E&M services when billed with provider services for outpatient cardiac rehabilitation (93797-93798), as compensation for the E&M service is included in the services for outpatient cardiac rehabilitation. Tufts Health Plan will consider compensation if the appropriate modifier is appended to the E&M procedure code.

**DOCUMENT HISTORY**
- July 2017: Policy reviewed by committee; added Tufts Medicare Preferred HMO and Tufts Health Plan SCO product information to combine policies
- January 2017: Template updates
- September 2015: Template conversion, template updates
- August 2014: Template updates
- November 2013: Policy reviewed, no content changes, template updates
- September 2013: Template conversion
- January 2013: Template updates.
- April 2012: Template updates.
- March 2012: Updated CareLink disclaimer language.
- November 2011: Template updates made.
- December 2010: Reviewed document for clarity, no content changes made.
- May 2010: Added information on E&M Services billed with physician services for outpatient cardiac rehabilitation.
- February 2008: Revised general benefit information with self-service channels information.
- November 2007: Newly documented payment policy

**AUDIT AND DISCLAIMER INFORMATION**
Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options, Tufts Health Public Plans or the PHCS network (also known as Multiplan). This policy applies to CareLink for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members.