

HEDIS® Tip Sheet

Cardiac Rehabilitation (CRE)

Measure Description

The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction (MI), percutaneous coronary intervention (PCI), coronary artery bypass grafting (CABG), heart and heart/lung transplantation or heart valve repair/replacement.

Four rates are reported:

1. **Initiation.** The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
2. **Engagement 1.** The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
3. **Engagement 2.** The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
4. **Achievement.** The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Note: Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a member has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.

Product Lines: Commercial, Medicaid, Medicare

Intake Period: A 12-month window that begins on July 1st of the year prior to the measurement year (MY) and ends on June 30th of the measurement year.

2024						2025												2026					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
MY 2025 Intake Period												MY 2026 Intake Period											

Codes Included in the Current HEDIS® Measure

Description	Code
Cardiac Rehabilitation	CPT: 93797, 93798 HCPCS: G0422, G0423, S9472

Ways Providers can Improve HEDIS® Performance

- The patient's health care team should evaluate medical history and conduct a physical examination prior to CR referral to assess for appropriateness.
- Referrals for CR can be provided as early as pre-discharge or at the first follow-up visit.
- Ensure access to services through extended hours.

Ways Health Plans can Improve HEDIS® Performance

- Identify members timely to ensure visits are completed within required timeframe.
- Send reminders to members to complete their CR using.
- Keep in mind that the timeline for this measure is July 1st through June 30th

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- Audit, identify, and educate top 10 providers with open gaps.
- Providing care coordination supports via care managers to boost participation and improved outcomes.
- Support participation in cardiac rehab through community health workers, home health aides, and visiting nurses.
- Design culturally and linguistically appropriate member-facing programs and materials.
- Reduce the interval between hospital discharge and cardiac rehab program orientation by formalizing enrollment practices.
- Ensure access to services through transportation options.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period. Members who die any time during the measurement year.
- Discharged from an inpatient setting with any of the following on the discharge claim during the 180 days after the episode date: MI, CABG, heart/lung transplant, or heart valve repair/replacement.
- Members who had PCI in any setting, during the 180 days after the episode date.
- Members receiving palliative care any time during the intake period through the end of the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (POS: 81).
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File.
- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty **AND** advanced illness. Members must meet **BOTH** frailty and advanced illness criteria to be excluded:
 - **Frailty.** At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (POS: 81).
 - **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year: (a) Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81); (b) Dispensed dementia medication.
- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service any time during the intake period through the end of the measurement year. Do not include laboratory claims (POS 81).

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