



**Cardiac Rehab Prescription Order Form**  
**Cardiac Rehabilitation Services**  
**Phone: (775) 445-7310**  
**Fax: (775) 884-0536**  
**AACVPR Certified Program**

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_, Date \_\_\_\_\_  
 Ordering Physician (print): \_\_\_\_\_  
 (Cardiac Rehab must be ordered by a physician only)  
 Physician Signature: \_\_\_\_\_  
 Physician NPI#: \_\_\_\_\_

- Phase II Outpatient Cardiac Rehabilitation** (CPT Code 93798). To include monitored exercise 2-3 days per week, RPE 12-14, SaO2 >=to 88%. MET level initial: 2-3 METs with gradual intensity increase in increments of 0.5-1.0 MET. Goal setting and education classes to help modify risk factors associated with heart disease.
- Target HR 20 beats above resting                       Target HR 55-75% HR Reserve                       Target HR 65-85% HR Reserve

**Additional 1:1 interventions assessed at the initial evaluation with patient**

- Behavioral Health Counseling                       Nutritional Consult                       Smoking Cessation
- Diabetes Education: requires additional physician referral

**-----APPROVED CARDIAC REHAB ICD10 DIAGNOSIS CODES-----**

**Myocardial Infarction within 12 months from date of infarction**

- 121.09 STEMI Anterior wall                       121.3 STEMI Of unspecified site
- 121.11 STEMI RCA                       121.4 NSTEMI MI
- 121.19 STEMI Other coronary artery inferior wall                       125.2 Old MI
- 121.29 STEMI Other sites

**Coronary Angioplasty or Stent**

- Z95.5 Presence of coronary angioplasty implant and graft                       Z98.61 Coronary angioplasty status

**CABG or Heart Valve Repair or Replacement**

- Z48.812 Aftercare following surgery on circulatory system                       Z95.4 Presence of other heart valve replacement
- Z95.1 Presence of CABG                       Z96.89 Presence of other functional implants
- Z95.2 Presence of prosthetic heart valve                       Z95.3 Presence of xenogenic heart valve

**Current Documented Stable Angina Pectoris**

- I20.1 Angina with documented spasm                       I25.119 CAD native artery w/ unspecified angina
- I20.8 Other forms of angina                       I25.700 CAD of bypass w/ unstable angina
- I20.9 Angina unspecified                       I25.701 CAD of bypass w/ angina documented spasm
- I25.111 CAD native artery w/ angina-documented spasm                       I28.708 CAD of bypass w/ other forms of angina
- I25.118 CAD native artery w/other forms of angina                       I28.709 CAD of bypass w/ unspecified angina

**Stable Chronic Heart Failure- 6 months of medical therapy with EF must be 35% or less**

- I50.22 Chronic systolic CHF                       I25.89 Other forms of chronic ischemic heart disease
- I50.32 Chronic diastolic CHF                       I25.9 Chronic ischemic heart disease unspecified
- I50.42 Chronic combined systolic/diastolic CHF                       Current ejection fraction (35% or less): \_\_\_\_\_%

\*Please include clinical information with referral including; EKG, ECHO, Operation reports, H+P, Treadmill stress and cath lab notes. Thank you for referring your patient to cardiac rehab.

