

Quality ID #243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process - High Priority

DESCRIPTION:

Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients evaluated for outpatient cardiac rehab. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients age \geq 18 years evaluated in the outpatient setting during the reporting period who have a qualifying event/diagnosis who do not meet any of the denominator exceptions (medical factors, health care system factors, previous cardiac rehabilitation for qualifying cardiac event completed).

Denominator Instructions:

Chronic Stable Angina, Coronary Artery Bypass Graft, Percutaneous Coronary Intervention, Cardiac Valve surgery, Cardiac Transplant or Acute Myocardial Infarction are all considered qualifying events. In order to meet the criteria for inclusion of the measure, the qualifying event must have occurred or been performed within 12 months of date of encounter.

DENOMINATOR NOTE:

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

AND

Patient encounter during the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99426, G0438, G0439

AND

Diagnosis for Chronic Stable Angina on date of encounter (ICD-10-CM): I20.1, I20.2, I20.81, I20.89, I20.9, I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792

OR

Diagnosis of Acute Myocardial Infarction on date of encounter (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A9, I21.B, I22.0, I22.1, I22.2, I22.8, I22.9, I25.2

OR

Coronary Artery Bypass Graft Surgery (CPT): 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536

OR

Percutaneous Coronary Intervention (CPT): 92920, 92924, 92928, 92930, 92933, 92937, 92941, 92943, 92945

OR

Cardiac Valve Surgery (CPT): 0345T, 0483T, 0484T, 0543T, 0544T, 0545T, 0569T, 0646T, 33361, 33362, 33363, 33364, 33365, 33366, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33418, 33420, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33477, 33478, 33496, 33600, 33602

OR

Cardiac Transplantation (CPT): 33935, 33945

AND

Qualifying cardiac event/diagnosis in previous 12 months: 1460F

NUMERATOR:

Patients who have had a qualifying event/diagnosis within the previous 12 months, who have been referred to an outpatient cardiac rehabilitation/secondary prevention (CR) program.

Definition:

Referral – A “referral” is defined as: 1. Documented communication* between the healthcare provider and the patient to recommend an outpatient CR program **AND** 2A. Official referral order† is sent to outpatient CR program **OR** 2B. Documentation of patient refusal to justify why patient information was not sent to the CR program‡ Note:

Performance is met if steps 1 AND either 2A (official referral order transmitted) OR 2B (patient refusal documented in the patient's medical record) are completed and documented. If a patient has had multiple qualifying events, at least 1 referral made in the past 12 months should be captured. *All communications must maintain appropriate confidentiality as outlined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). †All patient information required for enrollment should be transmitted to the CR program. Necessary patient information may be found in the hospital discharge summary. ‡Patients who refuse a CR referral should not have their data transmitted to the receiving CR program against their will.

Numerator Instructions:

CR programs may include a traditional CR program based on face-to-face interactions and training sessions or other options that include home-based approaches. Telehealth/virtual CR service should be delivered via real-time audio/visual services by a provider. If alternative CR approaches are used, they should be designed to meet appropriate safety standards.

NUMERATOR NOTE: *A patient with a qualifying diagnosis should have a referral to CR within the subsequent 12 months. In the event that the patient has a second (recurrent) qualifying event before the original 12 month "referral" period has ended, a new 12 month "referral" period for CR referral starts at the time of the second qualifying event, since the patient again becomes eligible for CR at that time.*

Numerator Options:

Performance Met:

Referred to an outpatient cardiac rehabilitation program (4500F)

OR

Denominator Exception:

Documentation of medical reason(s) for not referring to an outpatient CR program (4500F **with** 1P)

OR

Denominator Exception:

Documentation of patient reason(s) for not referring to an outpatient CR program (4500F **with** 2P)

OR

Denominator Exception:

Documentation of system reason(s) for not referring to an outpatient CR program (4500F **with** 3P)

OR

Denominator Exception:

Previous cardiac rehabilitation for qualifying cardiac event completed (4510F)

OR

Performance Not Met:

Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified (4500F **with** 8P)

RATIONALE:

Cardiac rehabilitation services have been shown to help reduce morbidity and mortality in persons who have experienced a recent coronary artery disease event, but these services are used in less than 30% of eligible patients (1). A key component to CR utilization is the appropriate and timely referral of patients to an outpatient CR program. While referral takes place generally while the patient is hospitalized for a qualifying event (MI, CSA, CABG, PCI, cardiac valve surgery, or heart transplantation), there are many instances in which a patient can and should be referred from an outpatient clinical practice setting (e.g., when a patient does not receive such a referral while in the hospital, or when the patient fails to follow through with the referral for whatever reason).

This performance measure has been developed to help health care systems implement effective steps in their systems of care that will optimize the appropriate referral of a patient to an outpatient CR program.

This measure is designed to serve as a stand-alone measure or, preferably, to be included within other performance measurement sets that involve disease states or other conditions for which CR services have been found to be appropriate and beneficial (e.g., following MI, CABG surgery) (2, 3). This performance measure is provided in a format that is meant to allow easy and flexible inclusion into such performance measurement sets.

Referral of appropriate outpatients to a CR program is the responsibility of the health care provider within a health care system that is providing the primary cardiovascular care to the patient in the outpatient setting.

CLINICAL RECOMMENDATION STATEMENTS:

2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization (ACC/AHA/SCAI, 2022)

Class 1

In patients who have undergone revascularization, a comprehensive cardiac rehabilitation program (home based or center based) should be prescribed either before hospital discharge or during the first outpatient visit to reduce deaths and hospital readmissions and improve quality of life. (Level of Evidence: A)

2011 ACCF/AHA Guideline for Coronary Artery Bypass Graft Surgery (4)

Class I

Cardiac rehabilitation is recommended for all eligible patients after CABG. (Level of Evidence: A)

2013 ACC/AHA Guideline for the Management of ST-Elevation Myocardial Infarction (5)

Class I

Exercise-based cardiac rehabilitation/secondary prevention programs are recommended for patients with STEMI. (Level of Evidence: B)

2014 ACC/AHA Guideline for the Management of Patients with Non-ST-Segment Elevation Acute Coronary Syndromes (6)

Class I

All eligible patients with NSTE-ACS should be referred to a comprehensive cardiovascular rehabilitation program either before hospital discharge or during the first outpatient visit. (Level of Evidence: B)

2012 ACCF/AHA/ ACP/AATS/PCNA/SCAI/STS Guideline for the Management of Patients with Stable Ischemic Heart Disease (7)

Class I

Medically supervised programs (cardiac rehabilitation) and physician-directed, home-based programs are recommended for at-risk patients at first diagnosis. (Level of Evidence: A)

Effectiveness-based Guidelines for the Prevention of Cardiovascular Disease in Women — 2011 update: A Guideline from the American Heart Association (9)

Class I

A comprehensive CVD risk-reduction regimen such as cardiovascular or stroke rehabilitation or a physician-guided home- or community-based exercise training program should be recommended to women with a recent acute coronary syndrome or coronary revascularization, new-onset or chronic angina, recent cerebrovascular event, peripheral arterial disease (Class I; Level of Evidence A) or current/prior symptoms of heart failure and an LVEF $\leq 35\%$. (Class I; Level of Evidence B)

2011 ACCF/AHA/SCAI guideline for percutaneous coronary intervention (10)

Class I

Medically supervised exercise programs (cardiac rehabilitation) should be recommended to patients after PCI, particularly for moderate- to high-risk patients for whom supervised exercise training is warranted. (Class I; Level of Evidence A)

REFERENCES:

ACC/AHA/SCAI. (2022). 2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization: Executive Summary: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*, 145(3), e4-e17. Retrieved from <https://doi.org/10.1161/CIR.0000000000001039>

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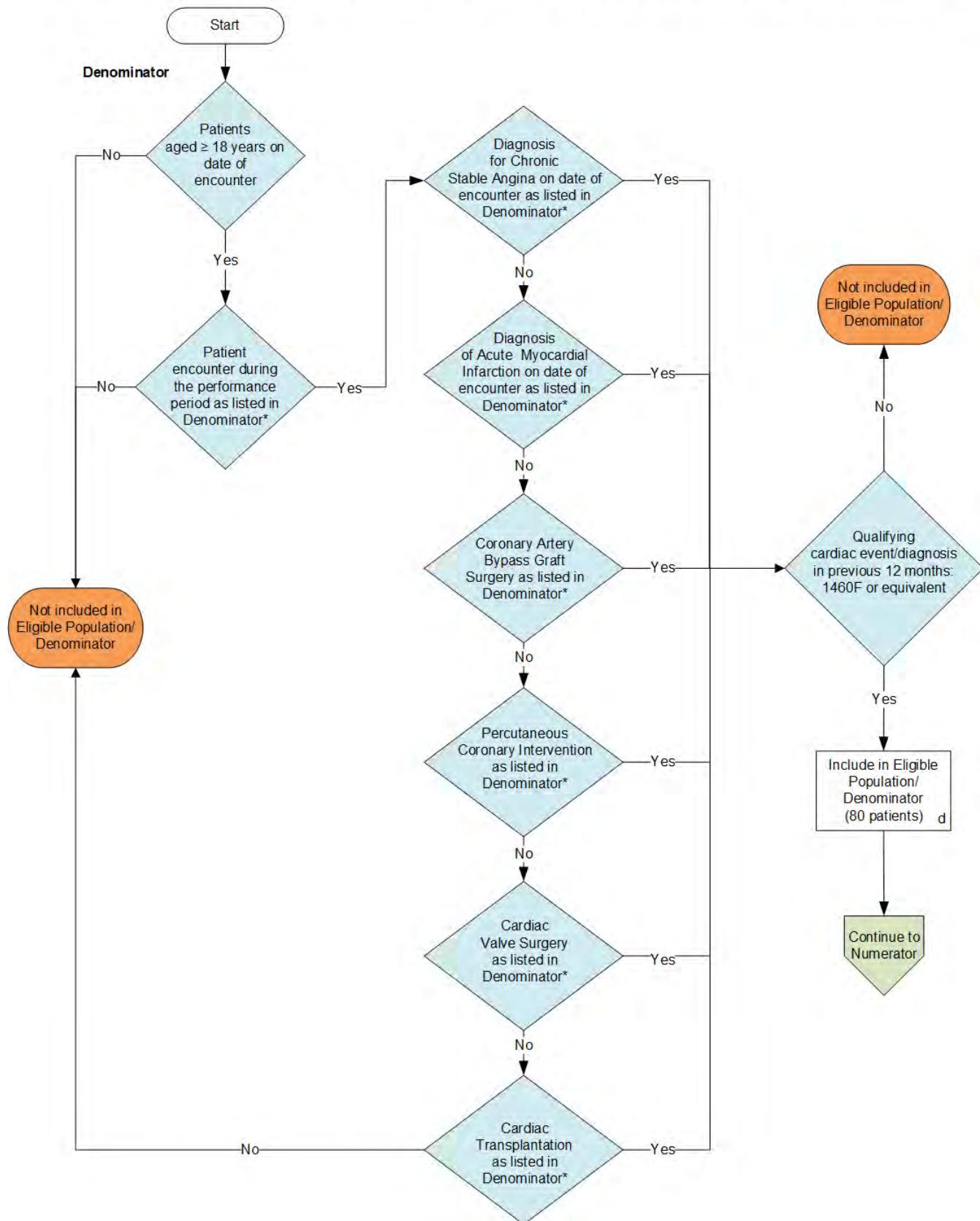
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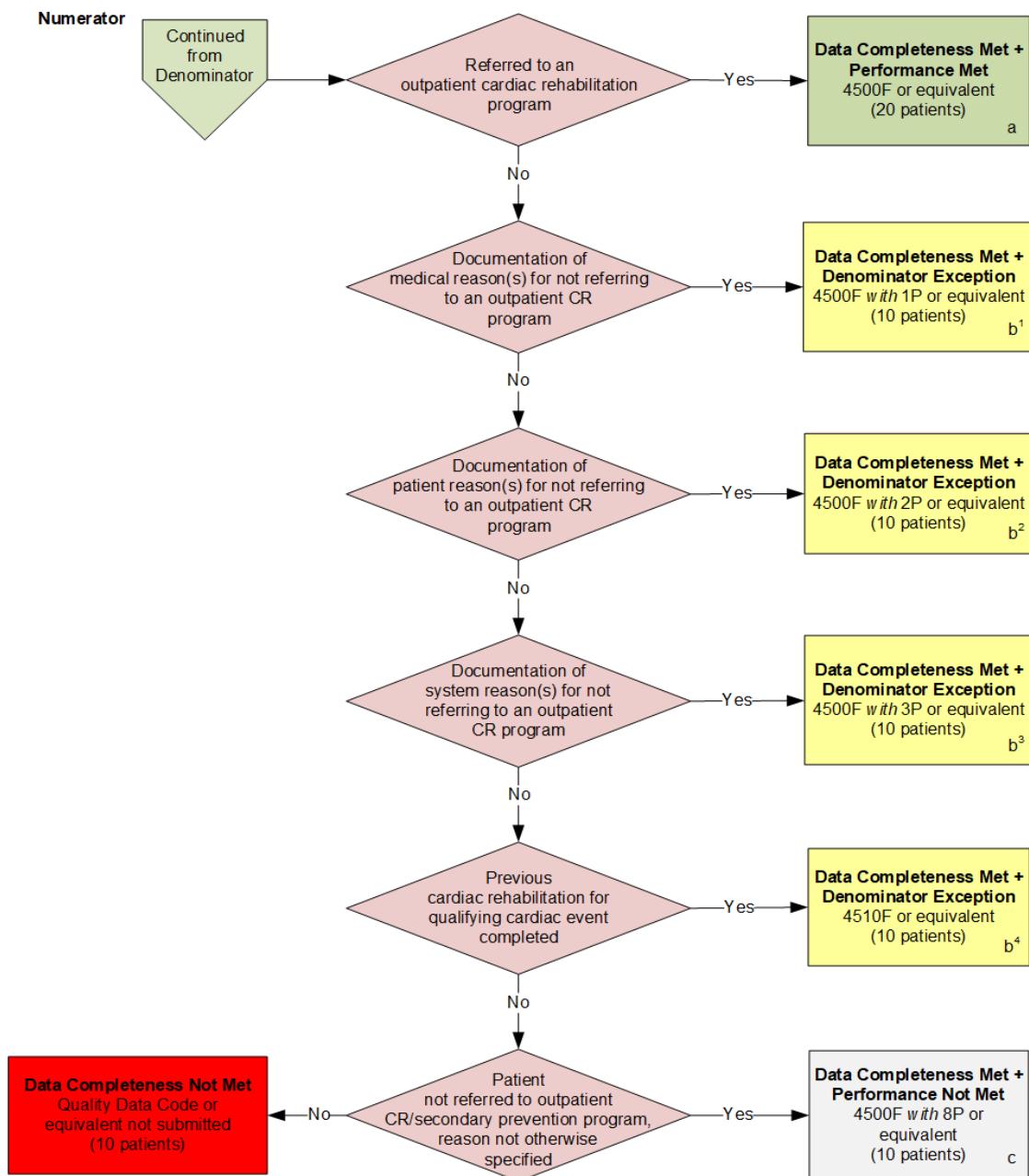
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**2026 Clinical Quality Measure Flow for Quality ID #243:
Cardiac Rehabilitation Patient Referral from an Outpatient Setting**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.





SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients)} + \text{Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{=40 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{=40 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification

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2026 Clinical Quality Measure Flow Narrative for Quality ID #243: Cardiac Rehabilitation Patient Referral from an Outpatient Setting

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
3. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Diagnosis for Chronic Stable Angina on date of encounter as listed in Denominator**.
4. Check *Diagnosis for Chronic Stable Angina on date of encounter as listed in Denominator**:
 - a. If *Diagnosis for Chronic Stable Angina on date of encounter as listed in Denominator** equals No, proceed to check *Diagnosis of Acute Myocardial Infarction on date of encounter as listed in Denominator**.
 - b. If *Diagnosis for Chronic Stable Angina on date of encounter as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
5. Check *Diagnosis of Acute Myocardial Infarction on date of encounter as listed in Denominator**:
 - a. If *Diagnosis of Acute Myocardial Infarction on date of encounter as listed in Denominator** equals No, proceed to check *Coronary Artery Bypass Graft surgery as listed in Denominator**.
 - b. If *Diagnosis of Acute Myocardial Infarction on date of encounter as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
6. Check *Coronary Artery Bypass Graft Surgery as listed in Denominator**:
 - a. If *Coronary Artery Bypass Graft Surgery as listed in Denominator** equals No, proceed to check *Percutaneous Coronary Intervention as listed in Denominator**.
 - b. If *Coronary Artery Bypass Graft Surgery as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
7. Check *Percutaneous Coronary Intervention as listed in Denominator**:
 - a. If *Percutaneous Coronary Intervention as listed in Denominator** equals No, proceed to check *Cardiac Valve Surgery as listed in Denominator**.
 - b. If *Percutaneous Coronary Intervention as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
8. Check *Cardiac Valve Surgery as listed in Denominator**:

- a. If *Cardiac Valve Surgery as listed in Denominator** equals No, proceed to check *Cardiac Transplantation as listed in Denominator**.
 - b. If *Cardiac Valve Surgery as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
9. Check *Cardiac Transplantation as listed in Denominator**:
 - a. If *Cardiac Transplantation as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Cardiac transplantation as listed in Denominator** equals Yes, proceed to check *Qualifying cardiac event/diagnosis in previous 12 months*.
10. Check *Qualifying cardiac event/diagnosis in previous 12 months*:
 - a. If *Qualifying cardiac event/diagnosis in previous 12 months* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Qualifying cardiac event/diagnosis in previous 12 months* equals Yes, include in *Eligible Population/Denominator*.
11. Denominator Population:
 - Denominator population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
12. Start Numerator
13. Check *Referred to an outpatient cardiac rehabilitation program*:
 - a. If *Referred to an outpatient cardiac rehabilitation program* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 20 patients in the Sample Calculation.
 - b. If *Referred to an outpatient cardiac rehabilitation program* equals No, proceed to check *Documentation of medical reason(s) for not referring to an outpatient CR program*.
14. Check *Documentation of medical reason(s) for not referring to an outpatient CR program*:
 - a. If *Documentation of medical reason(s) for not referring to an outpatient CR program* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 10 patients in the Sample Calculation.
 - b. If *Documentation of medical reason(s) for not referring to an outpatient CR program* equals No, proceed to check *Documentation of patient reason(s) for not referring to an outpatient CR program*.
15. Check *Documentation of patient reason(s) for not referring to an outpatient CR program*:
 - a. If *Documentation of patient reason(s) for not referring to an outpatient CR program* equals Yes,

include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b² equals 10 patients in the Sample Calculation.

b. If *Documentation of patient reason(s) for not referring to an outpatient CR program* equals No, proceed to check *Documentation of system reason(s) for not referring to an outpatient CR program*.

16. Check *Documentation of system reason(s) for not referring to an outpatient CR program*:

a. If *Documentation of system reason(s) for not referring to an outpatient CR program* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b³ equals 10 patients in the Sample Calculation.

b. If *Documentation of system reason(s) for not referring to an outpatient CR program* equals No, proceed to check *Previous cardiac rehabilitation for qualifying cardiac event completed*.

17. Check *Previous cardiac rehabilitation for qualifying cardiac event completed*:

a. If *Previous cardiac rehabilitation for qualifying cardiac event completed* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b⁴ equals 10 patients in the Sample Calculation.

b. If *Previous cardiac rehabilitation for qualifying cardiac event completed* equals No, proceed to check *Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified*.

18. Check *Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified*:

a. If *Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 10 patients in the Sample Calculation.

b. If *Patient not referred to outpatient CR/secondary prevention program, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

19. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 20 patients) plus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 40 patients) plus Performance Not Met (c equals 10 patients) divided by Eligible Population / Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 20 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b¹ plus b² plus b³ plus b⁴ equals 40 patients). All equals 20 patients divided by 30 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.