Susan.bauman@porterhhealth.com

* PUBLIC LAW 110-175, SECTION 144- CR/PR RULES
* WISCONSIN PHYSICIAN SERVICES (WPS)- [www.wpsmedicare.com](http://www.wpsmedicare.com)

 IN’S MEDICARE ADMINISTRATIVE CONTRACTOR (MAC)

* WPS follows only the national CMS guidelines (Public Law , no local determination)- forget older information

* KX MODIFIER- ATTACH AFTER SESSION 36 FOR ALL CR SESSIONS. FYI…

CMS has transitioned from a Common Working File (CWF) system to indicate how  many CR sessions have been used  to date to a system titled, HIPAA Eligibility Transaction System (HETS). Hospitals received MLN Matters Number SE1249 Revised on April 23, 2013 explaining this new tracking system. Programs should consult their business/billing office for details on this new process.

* MODIFIER XE REPLACES MODIFIER 59- USE WHEN 1 EACH CPT 93797 AND 93798 ARE USED IN THE SAME DAY (see MLN Matters # SE 0715)
* MODIFIER\_\_?\_ - DEFINES CR/PR TAKING PLACE in an offsite department FROM THE HOSPITAL CAMPUS

 VOLUNTARY USE IN 2015, EXPECT to be REQUIRED IN 2016

* HF guidelines:

*The CMS has determined that the evidence is sufficient to expand coverage for cardiac rehabilitation services under 42 C.F.R. § 410.49(b)(1)(vii) to beneficiaries with* ***stable, chronic heart failure*** *defined as patients with* ***left ventricular ejection fraction of 35% or less*** *and New York Heart Association* ***(NYHA) class II to IV symptoms despite being on optimal heart failure therapy for at least six weeks****.* ***Stable patients are defined as patients who have not had recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalizations or procedures.***

* MEDICARE ADVANTAGE (MA) HIGH COPAYS
	+ Please keep data in your programs for MA copays: who, how much, numbers of clients that refuse CR d/t high copays
* S488- technical correction of PL 110-175 for non-physician supervision for CR/PR