

Cardiac Reimbursement

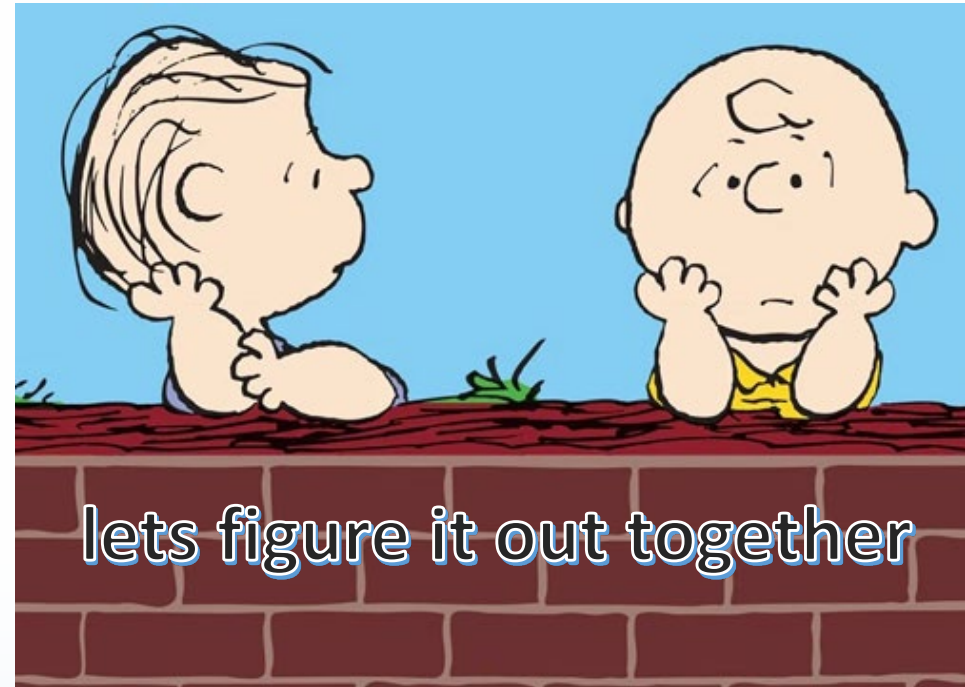
snapshot



2026

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No disclosures.



Objectives

- Recognize the CMS coding & billing regulations for CR/PR
- Identify 2 CMS rules that are misunderstood
- Identify legislative priorities and actions to assist CR/PR patient access

NON-PHYSICIAN PRACTITIONERS

EFFECTIVE 1/1/2024

MEDICARE only



May provide **DIRECT SUPERVISION**

for CR/ICR/PR/SET-PAD programs under Public Law 115-123.



1. May **NOT ORDER** any of these services.
2. May **NOT SIGN** ITPs for CR/ICR/PR.
3. Cannot serve as Medical Directors.

Private insurers may have their own requirements

Billing 101, Cardiac

Cardiac Rehab

- CPT Code 93797 Physician Services for outpt CR without continuous ECG monitoring
- CPT Code 93798 Physician Services for outpt CR with continuous ECG monitoring
- Must have some exercise every day
- One session must be ≥ 31 min, Two sessions must be ≥ 91 min (CR), 2 session max/day
- 36 weeks to complete maximum of 36 sessions allowed/diagnosis (CR)
- CMS has no staffing requirements or staff patient ratios
- Phase I (in hospital) is not separately billable to CMS
- Phase III/IV/maintenance is not billable to CMS

Medicare Provision for CR 42 CFR 410.49

Intensive Cardiac Rehab

- CPT code G0422 Intensive CR with exercise
- CPT code G0423 Intensive CR without exercise
- Must have some exercise every day
- One session must be ≥ 31 min, Two sessions must be ≥ 91 min (CR)
- 6 session max/day (ICR)
- 18 weeks for 72 sessions (ICR)
- CMS has no staffing requirements or staff patient ratios
- Phase I (in hospital) is not separately billable to CMS
- Phase III/IV/maintenance is not billable to CMS

Billing modifiers

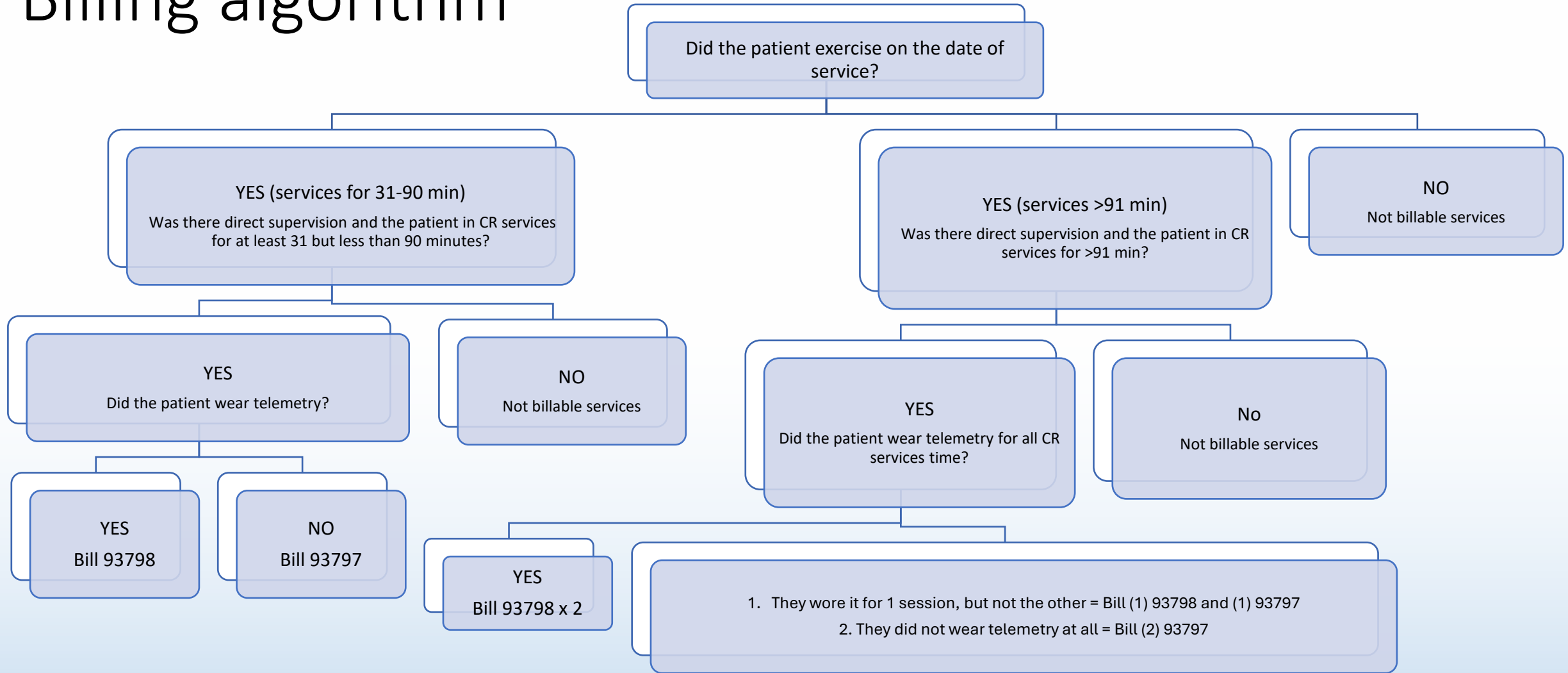
- **KX MODIFIER**

- Must be used for all sessions beyond the first 36 in a patient's Medicare lifetime
- CWF (common working file) counts from zero up with no cap

Modifier 59

- Two sessions of CR in one day where one 93798 code & one 93797 code are used
- Modifier 59 does NOT apply when: Two sessions of CR in one day where two 93798 codes are used or Two sessions where two 93797 codes are used

Billing algorithm



*When billing 2 sessions: (1) One copay due, and (2) Use modifier 59 if combining codes, Use KX modifier for all visits beyond 36 when billed under CMS

E/M billing code

(new 2022)

- Evaluation and Management (E/M) service code
- A Physician billing code, or “professional” code
- Can be applied in connection with establishing & signing the *initial ITP on day one of rehab*
- All E/M billing requirements need to be met
- **NOT billable by the rehab department**

- 86 FR 65245

SET-PAD THERAPY

- Referral initiation requires a face-to-face visit with MD managing PAD treatment.
- Qualifying criterion: *symptomatic* claudication, includes pre or post intervention
- Direct supervision support required.
- Limit: One session/day (30-60 minutes)
- Limited to 72 lifetime sessions under Medicare.
A second referral is required for sessions over 36 and/or beyond a 12-week period.
- KX modifier is required after the first 36 SET-PAD sessions are received.
CMS counts down # of sessions used (like PR).
- Two settings covered: hospital outpatient or MD office.
- NOT CR, no ITP requirement.

APPROVED ICD-10 CODES FOR SET-PAD

Coding Requirements for SET

Providers should use Current Procedural Terminology (CPT) 93668 (Under PAD Rehabilitation) to bill for these services with appropriate ICD-10 Code as follows:

I70.211 – right leg	I70.511 – right leg
I70.212 – left leg	I70.512 – left leg
I70.213 – bilateral legs	I70.513 – bilateral legs
I70.218 – other extremity	I70.518 – other extremity
I70.311 – right leg	I70.611 – right leg
I70.312 – left leg	I70.612 – left leg
I70.313 – bilateral legs	I70.613 – bilateral legs
I70.318 – other extremity	I70.618 – other extremity
I70.411 – right leg	I70.711 – right leg
I70.412 – left leg	I70.712 – left leg
I70.413 – bilateral legs	I70.713 – bilateral legs
I70.418 – other extremity	I70.718 – other extremity

MACs will deny claim line items for SET (CPT 93668) unless accompanied by ICD-10 codes in the table above, which also includes the codes identified in CR 10295 (see [MM10295](#)):



Included with AACVPR permission

CMS HOPD Rates 2026

(hospital outpatient dept)

Service	Procedure Code(s)	2026 OPPS Payment (Final)			2026 PFS Payment (Final)	
		Ambulatory Payment Classification for HOPD Payment	On-Campus and Excepted Off-Campus ^a HOPD Payment Rate	Non-Excepted Off-Campus HOPD Payment Rate	PFS Non-Facility Payment Rate (Qualifying <u>APM</u>) ^o	PFS Non-Facility Payment Rate (Non-Qualifying <u>APM</u>) ^o
Cardiac Rehabilitation	93797	5771	\$131.70	\$52.68 ^b	\$17.79	\$17.70
	93798	5771	\$131.70	\$52.68 ^b	\$26.18	\$26.05
Intensive Cardiac Rehabilitation	G0422	5771	\$131.70	\$131.70	\$133.60	\$132.94
	G0423	5771	\$131.70	\$131.70	\$133.60	\$132.94
Peripheral Vascular Rehabilitation (SET)	93668	5733	\$60.27	\$24.11 ^b	\$15.44	\$15.36
Pulmonary Rehabilitation	94625	5733	\$60.27	\$24.11 ^b	\$87.95	\$87.51
	94626	5733	\$60.27	\$24.11 ^b	\$109.77	\$109.22
Therapeutic Respiratory Procedures	G0237	5731	\$29.55	\$11.82 ^b	\$12.76	\$12.69
	G0238	5731	\$29.55	\$11.82 ^b	\$11.41	\$11.36
Respiratory Procedures Group	G0239	5732	\$38.16	\$15.26 ^b	\$14.43	\$14.36

^a Off-campus program at a location that precedes November 2015 (i.e., "excepted" or grandfathered).

^b Calculated as 40% of the on-campus HOPD rate.

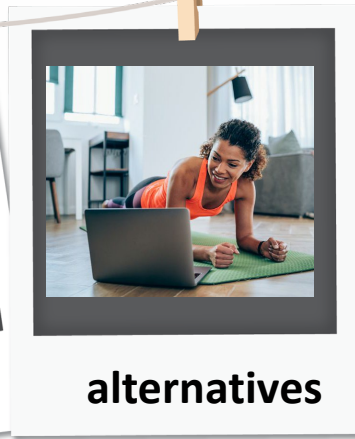
VIRTUAL / HYBRID CR & PR



picture



delivery



alternatives

NEW

Legislation provides CMS coverage through 12/2027

(Consolidated Appropriations Act of 2026)

Some logistical questions yet to be clarified...

?Billing modifiers

?Patient address reporting requirement



VIRTUAL

VS

TELEHEALTH

- VISUAL AND AUDIO
- SYNCHRONOUS
- ALL CR/PR components must be met
- “Telehealth” billable codes apply only for *MD office* programs



AACVPR Virtual CR/PR Workshop

Join national experts and experienced program leaders on **June 1** for the virtual workshop ["Implementing Virtual or Hybrid CR/PR: From Requirements to Real-World Readiness."](#)

This live, half-day interactive virtual workshop provides a practical deep dive into implementing hybrid and virtual delivery models for cardiac and pulmonary rehabilitation following Congress's extension of Medicare telehealth and in-home CR/ICR/PR flexibilities through December 31, 2027.

There is a **75-person capacity** for this course, and spots are first-come, first-served, so register now to save your seat!

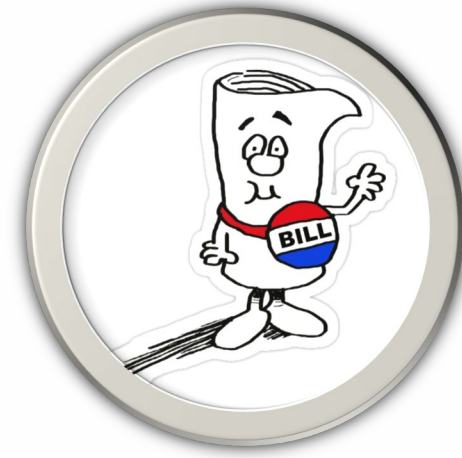
Cost:

\$200 for AACVPR members

\$300 for non-members

LEGISLATIVE PRIORITIES

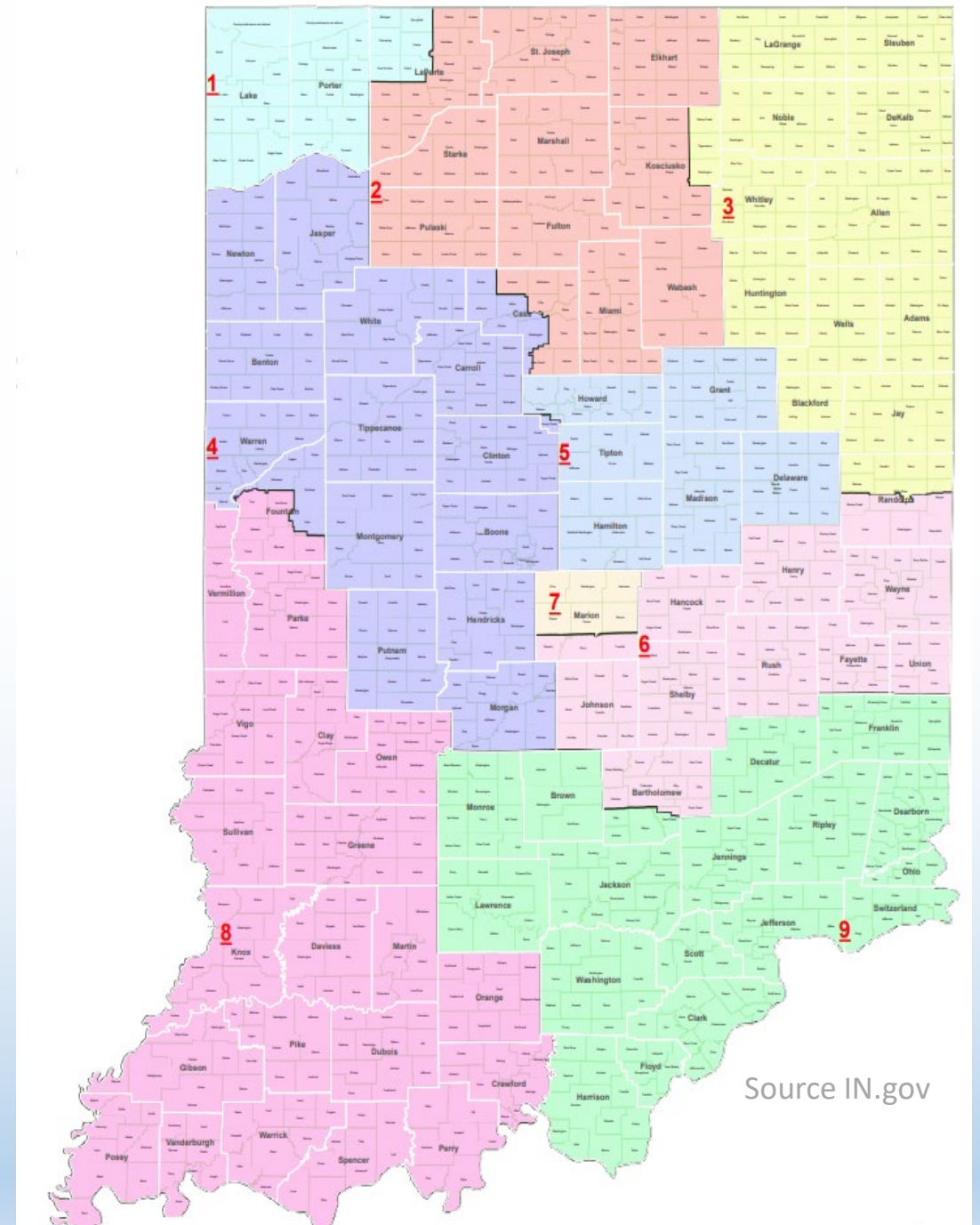
AACVPR and Hart Health Strategies



- Sustainable Cardiopulmonary Rehabilitation in the Home Act
HR 783, S 248
- Re-introduction of SOS (Sustaining OutPatient Services Act)
- NPP referral
- Handouts available for further explanations –see Debbie or Susan

US Representatives- Indiana

- 1. Representative Mrvan, Frank J. (202) 225-2461
- 2. Representative Yakym, Rudy (202) 225-3915
- 3. Representative Stutzman, Marlin (202) 225-4436
- 4. Representative Baird, James R. (202) 225-5037
- 5. Representative Spartz, Victoria (202) 225-2276
- 6. Representative Shreve, Jefferson (202) 225-3021
- 7. Representative Carson, Andre (202) 225-4011
- 8. Representative Messmer, Mark (202) 225-4636
- 9. Representative Houchin, Erin (202) 225-5315



CMS Resources

Federal Register Law

- Cardiac Rehab & Intensive Cardiac Rehab – Vol. 74, No. 226 p.62004; 42 CFR § 410.49
- Pulmonary Rehab - Vol. 74, No. 226, p 62002, 42 CFR § 410.47
 - Amended at 86 FR 65662, posted 11/19/21, eff 1/1/2022;
 - This *added* diagnosis of Post-COVID 19 (with qualifications); Also changed PR series to 36 sessions in 36 weeks (same as CR)
- Outpatient Respiratory Services - Federal Register, November 25, 2009, pages 61879-82

CMS – National Coverage Determination

- Congestive Heart Failure Coverage - NCD 20.10.1; 42 CFR §410.49(b)(1)(vii))
- SET PAD - MLN Matters Number: MM11022

MAC – Local Coverage Article/Determination- **J8- WPS, no LCD**

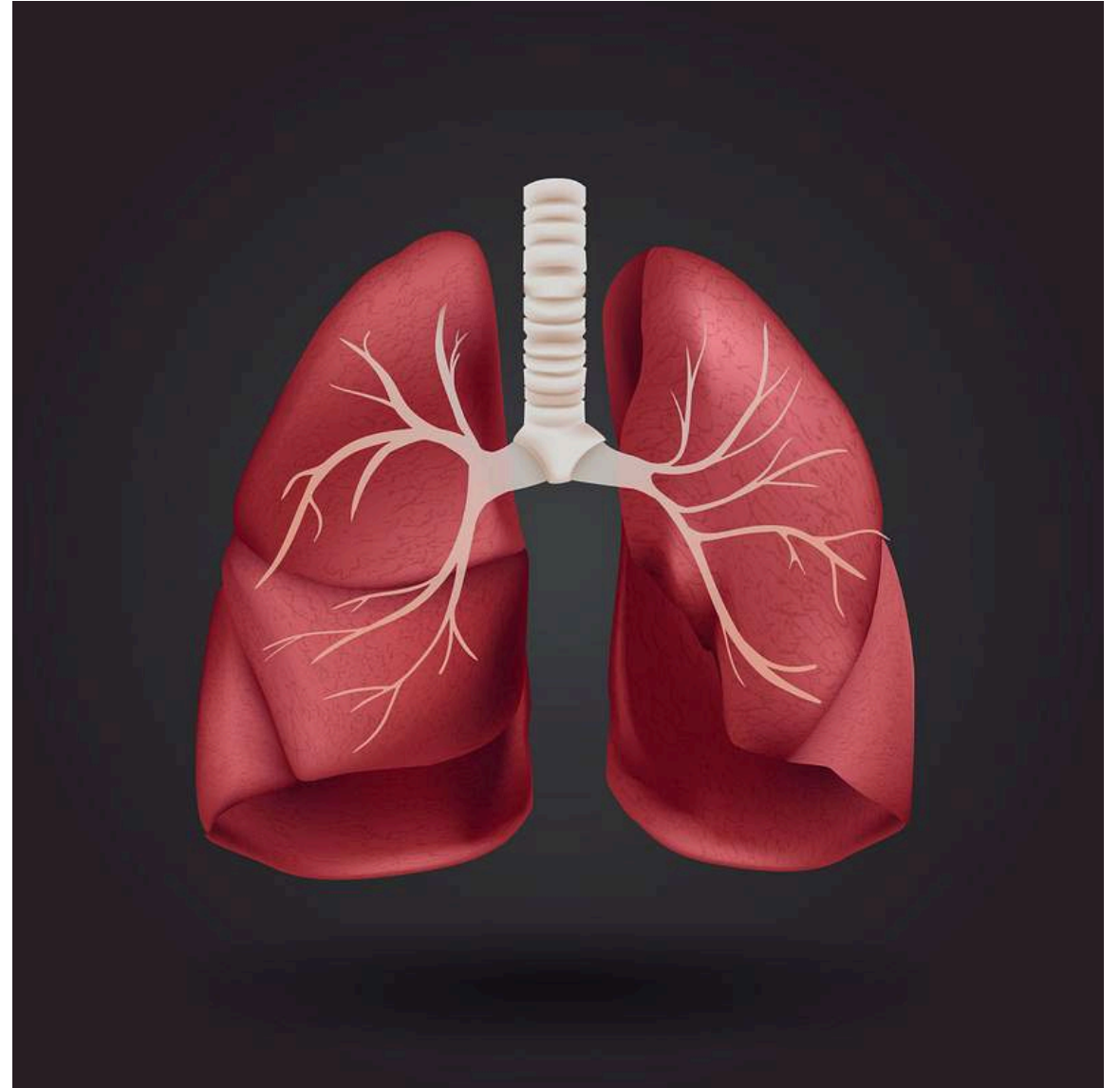
- Research your MAC to determine if local coverage determinations apply to your Medicare patients.
- For help, go to: <https://www.aacvpr.org/MAC-Medicare-Administrative-Contractor>



Pulmonary Rehabilitation

Debbie Koehl, MS, RRT-
NPS, AE-C, FAARC

No disclosures



What's new in billing and coding?

Virtual benefit for PR
services!!

We are still underpaid for our
services.

- Our reimbursement is based on what we charge!

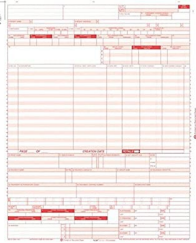
Work with your chargemaster
to review your charges for PR
services

Remember our billing is
bundled – meaning you need
to think of everything you
provide for your patient.
Time, supplies, oxygen and
devices.

Review the Pulmonary
Rehabilitation Reimbursement
ToolBox for help. Available on
the AACVPR and AARC
website.

Unraveling
Billing

How Does CMS Establish Payment?



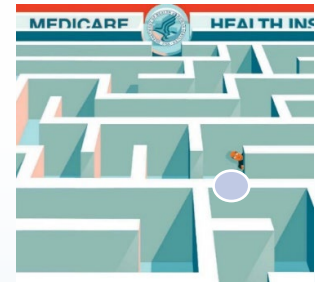
Claims data + Hospital cost reports =
Payment for PR



*Charge includes all PR services, supplies,
equipment*



Appropriate charges for PR



Things to remember with PR reimbursement

A Charge \neq payment

Low charges = low
reimbursement

Hospitals charge 4-7 times
payment rate for most services

PR patient and PR services are
COMPLEX

PR works – very effective and
safe

A Charge ≠ Payment

This is What 'Comprehensive PR' looks like

All *direct* and *indirect* PR costs included in PR sessions:

- Assessment
- 6MWT
- Equipment
- Supplies
- O₂ + supplies, oximeter, sensors
- AED or crash cart



- IT
- Marketing
- Housekeeping
- Administration

- Staff, benefits, training, CEUs, PTO
- Medical director
- LCSW / psychologist
- Conferencing

Find your department person to send your request to! PR Toolkit p 7

- Identify the department and person(s) needed to direct your request. This may be someone in the business office assigned to your area who is responsible for the chargemaster.

This may not be easy, but be persistent!

Once identified submit a request to increase charges. Expect to justify the increased charge adjustments.
If meeting in person, prepare these resources and bring calculations to discuss your charge adjustment needs, ideally in collaboration with your administrative partner which may also include your administrative director and medical director.
If a partner(s) is lacking, use the tools to make projected estimate calculations then make a formal request to update charges, a contact in whatever department is responsible for the charge master is still needed.
Be aware changes in the chargemaster may take place at specific times of the fiscal year.
Most likely this will need to be approved by someone in the business office and later in the IT department for charges to be reflected in your EMR/Billing platform (i.e., EPIC, Cerner, etc.). This may require a face-to-face meeting.
Track until completed by circling back around after all steps are completed and request to see a copy of the UB-04 to review a claim for verification of changes.
Review the chargemaster at a minimum annually.
Keep in mind CMS has openly recognized that hospital cost reports (geometric means) are low at \$45/session. This means the reimbursement rate is a direct result of low charge claim submission to CMS, meaning we are the root cause by undercharging and valuing our comprehensive services.

Billing summary!



What you do is important, don't sell your program short.



Think of **EVERYTHING** you do for your patient, it all counts!



Don't be afraid to ask for help.



Use this toolkit to educate those around you!

Barriers in implementing toolkit



Finding the right person to help you!

Be persistent



Educate everyone who you report to!

Ask for brief meetings

Send an email with information

See the one page handout the AACVPR provides



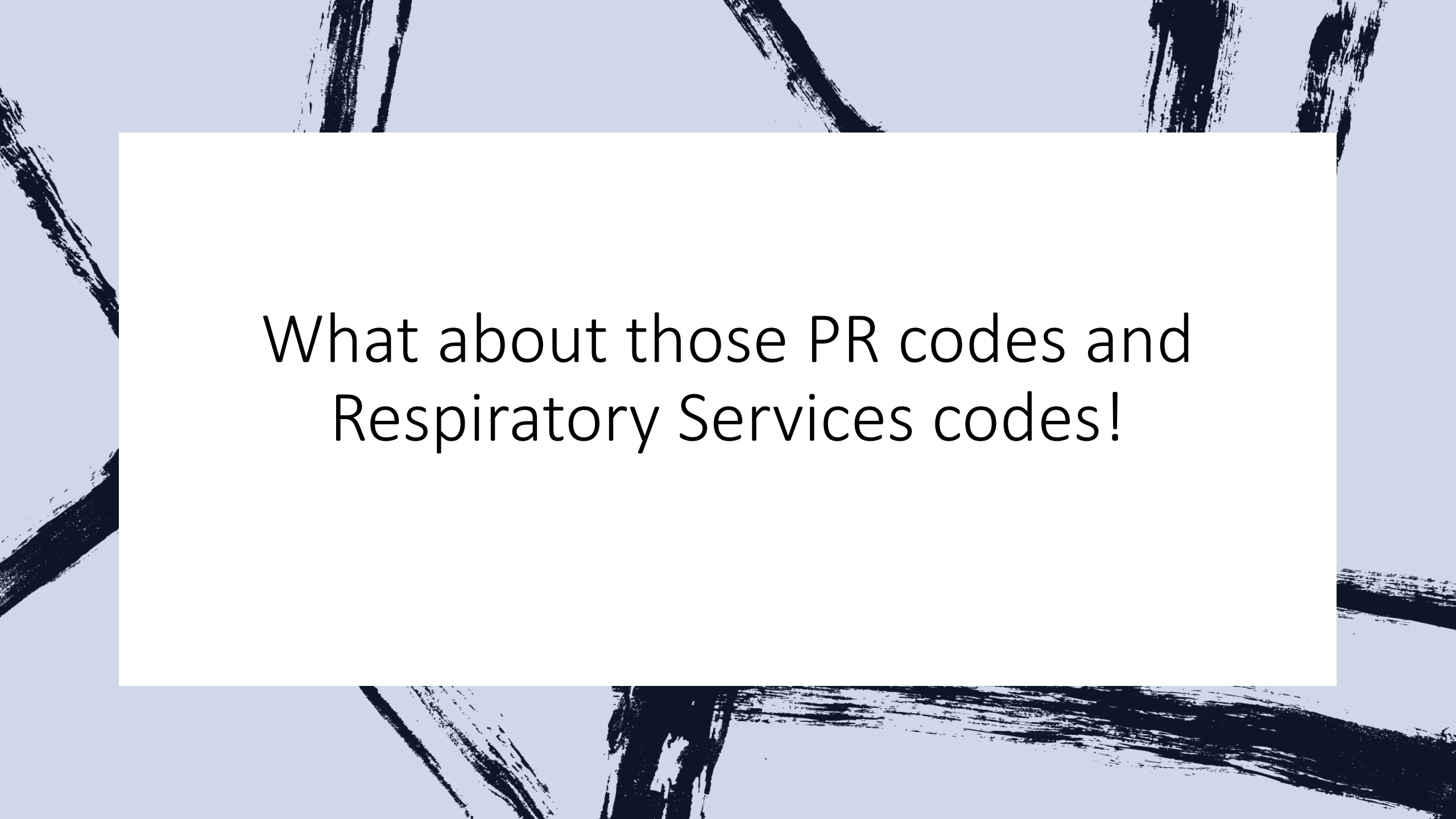
Use your colleagues

Ask what they did to be successful

Share ideas

Importance of establishing appropriate charges

- PR is still and underpaid service!! Yet our patients are more complicated.
- WE own part of that problem by not putting together our charges
- Don't depend on someone else to do so.
- For example, G0239 actually had a decrease in the reimbursed amount in 2026.
 - This is often used for our sickest of patients. And we are paid less than the COPD charge for group exercise.....
- Many programs have no idea what they are billing for their services.
 - It is up to you to ask!!!



What about those PR codes and
Respiratory Services codes!

Pulmonary Rehab Codes

- 94625
- 94626

PR is delivered using 2
very different groups of
service codes

Respiratory Services Codes

- G0237
- G0238
- G0239

PR services – 94625 & 94626 COPD & COVID-19

- Pulmonary Rehab codes 94625 and 94626 bundled codes

- 94625- without *continuous* oxygen monitoring
- 94626- with *continuous* oxygen monitoring

- COPD – Gold stage II-IV

- Need PFT's post bronchodilator- no rule on current these are!!!

COPD – 94625 or 94626 Coding – PFT required GOLD Stage: II Moderate III Severe IV Very Severe

J41.0 Simple Chronic Bronchitis_____

J43.0- 43.9 Emphysema_____

J44.9 Obstructive Chronic Bronchitis w/o exacerbation J 44.9 Chronic Airway Obstruction (COPD)

J44.1 Obstructive Chronic Bronchitis acute exacerbation E 88.01 Alpha 1 Antitrypsin (use with J 44.9)

- COVID

COVID -19 94625 or 94626 Coding - no PFT required – respiratory dysfunction ≥ four weeks

J96.1- Chronic Respiratory Failure

J12.82 Pneumonia due to coronavirus disease

M35.81 Multi-system inflammatory syndrome

J80- Acute respiratory distress syndrome

B33.24 – Viral cardiomyopathy

R06.02- Shortness of breath

AND

U09.9 – Post-COVID-19 condition

What are respiratory services codes?

Respiratory Services Codes

- These are for patients with a diagnosed chronic, symptomatic respiratory disorder/disease, but do not meet policy-specific criteria for PR
- Patient's must have clinical conditions to meet your services provided.
- ITP's are not required, but it is highly recommended that you do them to prove your services and show your care plan.

Examples of diagnoses that may qualify for these services

Possible Diagnosis for Respiratory Services Code

All Others – GO 237-238-239 Coding – clinical conditions to meet services

- J45.909 Unspecified Asthma
- J45.30 Mild persistent asthma
- J45.40 Moderate persistent asthma
- J45.50 Severe persistent asthma
- J45.990 Exercise induced bronchospasm
- J45.991 Cough Variant asthma
- J45.998 Other asthma
- E84.0 Cystic Fibrosis w/ pulm manifestations
- E84.8 Cystic Fibrosis w/ other manifestations
- E84.9 Cystic Fibrosis unspecified
- J47.9 Bronchiectasis w/o acute exacerbation
- J60 Coal Miners Pneumoconiosis
- J47.1 Bronchiectasis w/acute exacerbation
- J61 Asbestosis
- J96.10 Chronic Resp Failure with hypoxia or hypercapnia
- J98.6 Disorders of the Diaphragm
- J70.0 – J 70.9 Resp Conditions due to external agents _____
- I27.0 Primary Pulmonary Hypertension
- I27.2 Secondary PHTN
- M05.10 Rheumatoid Lung
- M34.81 Scleroderma w/lung involvement
- Neuromuscular Disease with respiratory impairment _____
- M31.30 Wegeners
- J98.09 Bronchiolithiasis
- J64 Pneumoconiosis-unspecified (J60-J65) _____
- D86.0 Sarcoidosis
- J84.01 Pulmonary alveolar proteinosis
- J84.112 Idiopathic Pulmonary Fibrosis
- J84.9 Other Interstitial Lung Disease (J84-J84.9) _____
- J84.10 Pulmonary Fibrosis, unspecified
- J84.02 Pulmonary alveolar microlithiasis
- J84.09 BOOP/Interstitial Pneumonia
- J 67- J76.9- Hypersensitivity Pneumonitis _____
- J41.8 Bronchiolitis Obliterans
- C34.90 Malignant Neoplasm of bronchus/lung
- J98.4 Other disorders of Lung
- J68.0-J68.9 Resp conditions due to fumes/vapor _____
- Z94.2 Post lung transplant
- T86.810-T86.819 Complications-lung transplant _____
- E66.2 Obesity Hypoventilation Syndrome
- I27.24 CTEPH
- I27.82 Chronic Pulmonary Embolism
- I 26.0- 26.99 Pulmonary Emboli _____
- _____ icd-10 _____

How do you define respiratory services codes?

Information from the AACVPR Billing and Coding Workshop

Billing and Coding Workshop for Pulmonary Rehabilitation Professionals June 5, 2024 | Discussion Scenarios

Referral-to-Enrollment Key Considerations (Aimee Kizziar, MHAL, BA, RRT-NPS, RCP, CES and Lisa Smith, PT)

15-minute billing increments:

1 = \geq 8 min to < 23 min	4 = \geq 53 min to < 68 min	7 = \geq 98 min to < 113 min
2 = \geq 23 min to < 38 min	5 = \geq 68 min to < 83 min	8 = \geq 113 min to < 128 min
3 = \geq 38 min to < 53 min	6 = \geq 83 min to < 98 min	9 = \geq 128 min to < 143 min

G0237 = Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, 1:1, each 15 minutes

Use for strengthening and endurance. Examples: breathing retraining (PLB, DB, paced breathing); Inspiratory Muscle Training (IMT); Incentive Spirometer (IS) use

G0238 = Therapeutic procedures to improve respiratory function, other than that in G0237, face-to-face, 1:1, each 15 minutes

Examples: teaching MDI with spacer; teaching strategies for energy conservation (as with ADLs); airway clearance strategies; stair climbing, ramp walking; self-management; smoking cessation

G0239 – Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals

This is the typical “group exercise” code. Use this when providing a *regular* exercise session, even if only one patient is present. *If you provide specific 1:1 instruction,* it may be appropriate to bill with 1:1 codes, but only if you meet requirements for time and documentation.

Modifiers to use with Billing

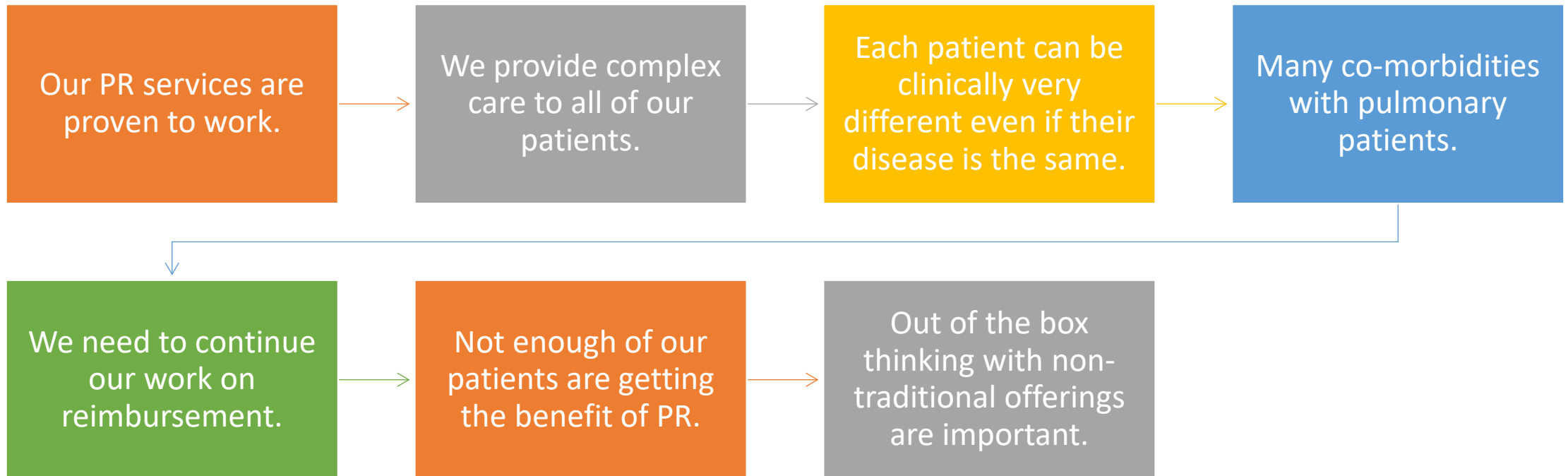
KX modifier

- Used when billing sessions 37 to 72 to traditional Medicare (since 1/1/2010)
- Any PR sessions billed to traditional MC > 72 will be denied

Modifier 59 (or XE / XU)

- Not necessary if 2 of the “same” rehab billing codes are submitted (i.e., two 93797 *or* two 94625)
- CMS has instructed us to use a modifier when one 92625 and one 94626 are submitted on the same day. The modifier is added on a claim line, signaling that both codes should be paid
- The modifier is *likely* necessary when combining G-codes on same date of service (i.e. one G0237 and one G0238)
 - This requirement may vary among MACs
 - Work with your facilities billing / revenue / coding department to determine correct modifier
 - Resource: MLN1783722 Feb 2025
 - www.cms.gov/files/document/mln1783722-proper-use-modifiers-59-xe-xp-xs-xu.pdf

PR Take Home



AACVPR Resources for both PR and CR

Yearly Billing and Coding Workshops

2026's have already occurred

Look for 2027 information later this year.

In General

- CR Workshop in February
- PR Workshop in March

Lots of information provided in BOTH workshops!

Questions?

- Resources available to you:
- Susan Bauman, Cardiac Rehab Reimbursement Chairperson
susan.Bauman@nwhealthin.com
- Debbie Koehl, Pulmonary Rehab Reimbursement Chairperson
dkoehl@iuhealth.org
- www.iscvpr.org
- www.aacvpr.org

