

Virtual Cardiac Rehabilitation (CR), Intensive Cardiac Rehabilitation (ICR) and Pulmonary Rehabilitation (PR) Furnished by Hospital Outpatient Departments (HOPDs) FAQ

April 9, 2026

The Consolidated Appropriations Act of 2026 amended Section 1861(eee)(2)(A)(ii) of the Social Security Act to allow for the provision of CR, ICR and PR services to hospital outpatients in their homes via audio and video real-time communications technology (excluding audio-only), through December 31, 2027.

Q1: Are there specific modifiers that HOPDs billing for CR, ICR, and PR services should include on their claims when the services are furnished virtually?

A1: HOPDs should bill using the same modifiers (for example, PN or PO) they would use if the service was furnished in-person with the addition of a 95 modifier to indicate that the service is being furnished virtually.

Q2: During the COVID-19 PHE, providers were required to include the patient's address on the claim. Is this requirement still in effect?

A2: Yes. The Service Facility Address must match the Beneficiary address for telehealth services.

Q3: When CR, ICR and PR services are furnished virtually, does the practitioner have to be physically located in the hospital outpatient department? Or can they furnish these services remotely from another location?

A3: For the duration of the virtual delivery of CR, ICR and PR services to hospital outpatients in their homes, consistent with the policy applicable to virtually furnished mental health services under 42 CFR 410.27(a)(1)(iii), the performance of virtual CR, ICR and PR services is not contingent upon the hospital staff being physically located in the hospital, CAH or department of the hospital or CAH.

Q4: Is the payment amount for CR, ICR and PR services furnished virtually the same as the payment amount for CR, ICR and PR services furnished in-person?

A4: Yes.

Q5: If the service is being furnished by an on-campus hospital outpatient department, are there any other rules that must be followed to ensure the on-campus payment rate? (For example, related to employment status and/or location of both staff furnishing the service and physicians supervising the service.)

A5: The conditions for coverage for therapeutic outpatient hospital or CAH services furnished incident to a physician's or nonphysician practitioner's service are described by 42 CFR 410.27 and the conditions for coverage for pulmonary rehabilitation and cardiac rehabilitation are described by 410.47 and 410.49, respectively.