AdvanceMed®



Virtual Cardiac Rehabilitation

Empowering better outcomes. Restoring quality of life.
Every step of the way.

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Committed to Better Cardiac Care.

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Intensive Cardiac Rehabilitation

The Benefits of ICR Testing With Us

PERSONALIZED PATIENT CARE

ICR results help tailor treatment plans, leading to better outcomes and improved quality of life.

SAVE TIME AND RESOURCES

Our streamlined process delfvers fast, reliable results, so you can focus on what matters most – your patients.

ENHANCE PATIENT SATISFACTION

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STAY AHEAD IN CARDIAC CARE

Offer cutting-edge tetipretcen that set your practice apart as a lead in comprehensive health.

INCREASE PRACTICE REVENUE

Drive growth by offering advanced lGdgrestice that attract and retain patients.

TRANSFORM CARE. GROW YOUR PRACTICE. MAKE A LASTING IMPACT.

CLINICAL IMPACT

Improve outcomes and reduce cardiac readmissions with proven ICR fedgrestics.

OPERATIONAL EFFICIENCY

A seamless, scalable solution designed to fit your practice workflow.

PRACTICE GROWTH

Expand your cardiac service line and unlock a new, reimbursable revenue opportunity.

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ICR vs. Traditional CR

Elevating Cardiac Rehabilitation.
Advancing Patient Outcomes.



INTENSIVE CARDIAC REHABILITATION (ICR)	TRADITIONAL CARDIAC REHABILITATION (CR)
Moderate Intensity Lower intensity exercise that requires less supervision, but has a greater attendance.	**Higher Intensity** Higher intensity exercise that requires more supervision and has less attendance.
Shorter Duration, Greater Impact Fewer sessions over a shorter period of time with greater improvement in outcomes.	**Longer Duration, Lower Impact** More sessions over a longer period of time with less dramatic outcomes.
Superior Outcomes Shown to significantly reduce mortality, hospital readmissions, and recurrent cardiac events.	**Standard Outcomes** Improved health benefits, but lower impact compared to intensive programs.
Personalized Care Tailored treatment plans with close monitoring and ongoing adjustments.	**Generalized Approach** Standardized plans with less frequent monitoring and adjustment.
Better Long-Term Results Improved functional capacity, quality of life, and long-term adherence.	**Moderate Long-Term Results** Benefits may taper without continued motivation and support.

Stronger Programs. Better Outcomes. Healthier Lives.
ICR delivers more. For your patients and your practice.

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ICR Component Requirements



CR AND ICR PROGRAMS MUST INCLUDE:

- Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- Cardiac Risk Factor modification, including education, counseling, and behavioral intervention at least once during the program, tailored to patients' individual needs.
- Psychosocial assessment.
- Outcomes assessment.
- An individual treatment plan detailing how components are utilized for each patient.

FREQUENCY LIMITATIONS AND DURATION:

CR SESSIONS:

- Limited to a maximum of 2 one-hour sessions per day, up to 36 sessions over a period of up to 36 weeks.
- Option for an additional 36 sessions over an extended period of time if the KX modifier is reported and services are medically necessary.
- Duration of treatment must be at least 31 minutes for one session or at least 91 minutes for two sessions on the same day.

ICR SESSIONS:

- Limited to 72 one-hour sessions, up to 6 sessions per day over a period of up to 18 weeks.
- Additional sessions require the KX modifier if medically necessary.
- Duration of the treatment must be at least 60 minutes.

CODING REQUIREMENTS:

The Following are the applicable HCPCS codes for CR and ICR:

1. 93797 – Physician services for outpatient cardiac rehabilitation; without continuous electrocardiographic monitoring (per session).
2. 93798 – Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session).
3. G0422 – Intensive cardiac rehabilitation; with or without ECG monitoring, with exercise, per session.
4. G0423 – Intensive cardiac rehabilitation; with or without continuous ECG monitoring, without exercise, per session.

CLINICALLY EFFECTIVE | PATIENT FOCUSED | FINANCIALLY SUSTAINABLE | PRACTICE GROWTH

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At-Home Intensive Cardiac Rehabilitation (ICR)

MEDICARE COVERAGE & HOSPITAL OUTPATIENT BILLING | 2026



Under current Medicare rules (as of 2026), a hospital can set up an at-home Intensive Cardiac Rehabilitation (ICR) program through its outpatient department (HOPD), bill **G0422** and **G0423**, and generally receive the same payment rates as for in-person hospital outpatient ICR (which align closely with physician-office rates).

1 ALLOWED SETTINGS

Medicare covers ICR (G0422: with exercise; G0423: without exercise) only in a physician's office or hospital outpatient setting.

PHYSICIAN OFFICE | **HOSPITAL OUTPATIENT DEPARTMENT** | **PATIENT HOME** (Virtual Extension of HOPD)

An at-home program works if the patient's home is treated as a virtual extension of the hospital outpatient department under the temporary virtual delivery authority.

VIRTUAL / AT-HOME AUTHORITY FOR HOSPITALS

The Consolidated Appropriations Act of 2026 amended the Social Security Act to allow HOPDs to furnish CR, ICR, and PR services to hospital outpatients in their homes via real-time audio and video communications technology (not audio-only). This is authorized through December 31, 2027. Hospital staff do not need to be physically in the hospital/CAH while delivering the virtual services.

2 BILLING INFORMATION

- Hospitals bill G0422/G0423 on the institutional claim (typically with revenue code 943 and type of bill 013x or similar for outpatient).
- Add the 95 modifier (for virtual) plus any applicable PO/PN modifiers (for off-campus or non-excepted provider-based departments).
- The service facility address on the claim must match the beneficiary's home address.

ALL STANDARD ICR REQUIREMENTS STILL APPLY:

- ✓ Approved ICR program (e.g., one of the CMS-approved models)
- ✓ Physician/NPP supervision (virtual direct supervision is allowed)
- ✓ Individualized treatment plan signed/reviewed by a physician every 30 days
- ✓ Session limits: up to 72 one-hour sessions, max 6 per day, over ≤18 weeks
- ✓ Minimum duration: ≥31 minutes per session
- ✓ Qualifying diagnoses
- ✓ All other conditions of coverage must be met

3 REIMBURSEMENT RATES (2026)

HOSPITAL OUTPATIENT / OPPS
G0422 & G0423 → APC 5771
National Average:
$131.00
PER SESSION

PHYSICIAN OFFICE / PFS
National Average:
$131.00
PER SESSION

$131 × 72 = $9,432.00

✓ Off-campus non-excepted provider-based departments (PBDs) also receive the full (100%) OPPS rate for these codes (the prior 40% relativity adjuster no longer applies to G0422/G0423).

4 IMPORTANT CAVEATS

- This is a temporary flexibility for HOPDs (through 2027). Physician-office programs have broader/permanent telehealth listing for these codes in some contexts, but hospital outpatient virtual delivery relies on the specific statutory amendment.
- The program must still meet all conditions of coverage in 42 CFR 410.49 (including immediate availability of a physician or NPP for emergencies/consultations—satisfied via direct supervision rules, which allow virtual).
- This is distinct from the Acute Hospital Care at Home waiver (which is for inpatient-level care). ICR remains an outpatient benefit.
- Commercial payers may have different rules; confirm with them separately.
- Always verify the latest CMS guidance, local MAC policies, and that the specific ICR curriculum is CMS-approved, as rules can be updated.

5 THE BOTTOM LINE

Qualifying hospitals can extend ICR into the patient's home while maintaining the structure, clinical requirements, billing framework, and reimbursement opportunity of a hospital outpatient ICR program.

Home-Based Intensive Cardiac Rehabilitation Physician Ordering Form

Patient Last Name _____ First Name_____ ID/MRN#_____ DOB_____
Insurance Primary _____ Insurance Secondary _____
Ordering Provider: **Claudio Bonometti, MD FACC** Signature_____ Date_____

Examination: NCD # 20.31 Chart Documentation: ___ Athenaone ___ROCT-Rehab

☐ ORDER **Intensive Cardiac Rehabilitation (ICR):** Billing Codes: G0422, G0423, 93228, 93248. Includes the following: (a) physician prescribed exercise each day cardiac rehab items and services are furnished; (b) cardiac risk factor modification, including education, counseling and behavioral intervention at least once during the program, tailored to patient needs; (c) psychosocial assessment; (d) outcomes assessment, and: (e) an individualized treatment plan detailing how components are utilized for each patient." Education/Training: Pritikin Healthy Lifestyle sessions. Exercise plan with yoga, stretching, resistance, & walking sessions. 3-Day Ext. ECG (pre-rehab) & 12-Day ROCT ECG (prior to post-rehab. Assessments: See chart documentation for details, notes, and comments.

Intensive Cardiac Rehabilitation Coverage Condition Requirement

Physician Select one below Condition	Select the below associated ICD-10 Diagnosis Code
☐ Stable, chronic heart failure defined as patients with LVEF of 35% or less.	☐ I50.22 Chronic systolic congestive heart failure. ☐ I50.42 Chronic combined systolic & diastolic heart failure. ☐ I50.82 Biventricular heart failure. ☐ I50.84 End stage heart failure. ☐ I50.89 Other heart failure.
☐ Current stable angina pectoris.	☐ I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris. ☐ I20.1 Angina pectoris with documented spasm. ☐ I20.81 Angina pectoris with coronary microvascular dysfunction. ☐ I20.89 Other forms of angina pectoris (includes stable angina). ☐ I21.01 (STEMI) myocardial infarction involving left main coronary artery.
☐ PTCA or coronary stenting.	☐ Z95.5 Presence of coronary angioplasty implant and graft. ☐ Z98.61 Coronary angioplasty status. ☐ Z98.890 Other specified postprocedural status.
☐ Heart valve repair or replacement, TAVR.	☐ Z95.2 Presence of prosthetic heart valve. ☐ Z95.3 Presence of xenogenic heart valve. ☐ Z95.4 Presence of other heart valve replacement.
☐ Acute MI within 12 months.	☐ I21.01 ST elevation (STEMI) MI involving left main coronary artery ☐ I21.09 (STEMI) MI involving other coronary artery of anterior wall. ☐ I21.11 ST elevation (STEMI) MI involving right coronary artery. ☐ I21.21 (STEMI) MI involving left circumflex coronary artery. ☐ I21.4 Non ST elevation (NSTEMI) myocardial infarction. ☐ I21.A1 Myocardial Infarction type 2 ☐ I21.B Myocardial Infarction with coronary microvascular dysfunction
☐ Coronary artery bypass surgery.	☐ Z95.1 Presence of aortocoronary bypass graft.
☐ Heart or heart-lung transplant.	☐ Z94.1 Heart transplant status. ☐ Z94.3 Heart and Lungs transplant status. ☐ Z48.21 Encounter for aftercare following heart transplant. ☐ Z48.280 Encounter for aftercare following heart-lung transplant.