

# Pulmonary Rehabilitation

## New Benefit

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The enactment of HR 6331, the Medicare Improvements for Patients and Providers Act of 2008, established a specific Medicare benefit for pulmonary rehabilitation. The exact provisions of the law addressing the pulmonary rehab benefit are included at the end of this document. Please note, however, by law the pulmonary rehab benefit nationwide does not take effect until January 1, 2010.

The establishment by Congress of a pulmonary rehab benefit sets the stage for CMS/Medicare to write regulations that will implement the benefit. Much of the detail as to who is eligible, what services will be covered and therefore paid for, the frequency and duration of the services, etc., will be determined through the regulatory process.

Unlike other new benefits, presumably CMS will not have to “create” the pulmonary rehab benefit from scratch because:

1. Many of the individual components or services that comprise pulmonary rehab programs are already covered under Medicare.
2. Some pulmonary rehab programs have been operational at a Medicare “local” level for many years. Therefore, there are local policies that currently set out the details of a pulmonary rehab program, thereby establishing templates that CMS may chose to use in implementing the new pulmonary rehab benefit.

## Current Coverage for Pulmonary Rehabilitation

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Medicare contracts with large insurance companies, called Medicare Administrative Contractors (MACs), formerly known as Carriers and Fiscal Intermediaries, to carry out the day-to day-operations of the Medicare program. Contractors’ administer the Medicare program at the local, state and even regional levels and, among other things, are responsible for reviewing claims and reimbursing health care providers. In the absence of a national coverage policy, MACs also have the authority to determine local coverage policy, termed Local Coverage Determinations (LCDs) .

It has been under the LCDs that certain MACs have issued coverage policies for pulmonary rehab programs. But those coverage policies are applicable only to the area of a MAC’s jurisdiction. Current local pulmonary rehab policies can and do vary from jurisdiction to jurisdiction. MACs also have the discretion to rescind LCDs, and in recent years there have been several pulmonary rehab policies that have been revoked.

Until January 1, 2010, when the national benefit is implemented, the MACs still retain the authority to determine and change at their discretion what, if anything is covered or not covered under the set of services designated as pulmonary rehabilitation.

## **CPT and HCPCS Codes Used in Pulmonary Rehab Services**

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There are certain codes that are *generally* used by current pulmonary rehab programs and these are noted below. The caveat is that while the codes listed below may be acceptable to one MAC in one area of the country, they may not be accepted by another MAC.

Although policies to implement the pulmonary rehab benefit will be finalized through the regulatory process, codes to be used in paying for services under the new program will be generated through instructions to the contractors. Until that time, the codes noted below cannot be construed as nationally accepted codes.

## **Common Codes Pulmonary Rehab Programs Effectively Use**

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The following information was offered by individuals who have successful pulmonary rehab programs. Please use it as a guideline or a starting point. The codes or coverage for their programs may or may not work for your pulmonary rehab service.

### *Considerations*

1. There are positive, well documented benefits associated with pulmonary rehab programs. Documented outcomes are: fewer emergency room and urgent care visits, fewer hospital admissions, decreased length of stay if admitted to the hospital and others. These benefits will reduce costs for the facility, generate good public relations and increase customer satisfaction.
2. Clinical procedures such as treatments and testing are provided during pulmonary rehab programs; these have CPT codes and can be billed accordingly.
3. One on one patient training which is provided during pulmonary rehab can be billed using a HCPCS “G” Code (see below).
4. Exercise sessions, individual and group, can be billed using HCPCS “G” codes.
5. Evaluation and Management (E&M) codes can be used if the physician provides the initial visit. In follow-up visits, the patient can see the respiratory therapist and E&M codes can be used.
6. If supplies (i.e., MDI spacer, peak flow meter) are provided to the patient, these can be charged using HCPCS codes.
7. Until January 1, 2010 everything is contingent on the local coverage rules stated by the local contractor (MACs).

## **HCPCS Codes**

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Examples of HCPCS codes that can be used if supplies are provided include:

<b>A4614</b>	Peak Flow Meter
<b>A4627</b>	Spacer or chamber for MDI
<b>A7003</b>	Nebulizer circuit - disposable

Other HCPCS codes that can be used during pulmonary rehab include:

<b>G0237</b>	Therapeutic procedures to increase strength or endurance of respiratory muscles (i.e. breathing retraining), face to face, one on one, each 15 minutes (includes monitoring)
<b>G0238</b>	Therapeutics procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring). This involves a variety of activities, including teaching patients strategies for performing tasks with less respiratory effort.
<b>G0239</b>	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

\*“Appropriate Coding for Critical Care and Pulmonary Services”, 2006, ACCP, 10<sup>th</sup> ed.

### **CPT Codes**

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Examples of treatment and testing CPT Codes include:

<b>94010, 94060, 94070</b>	Spirometry
<b>94620</b>	Pulmonary Stress Test/Simple (Six minute walk)
<b>94664</b>	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, meterd-dose inhaler or IPPB device
<b>94640</b>	MDI or Nebulizer treatments
<b>94667</b>	Generally for Acapella training or High Frequency Chest Wall Vibration
<b>94760, 94761</b>	Pulse Oximetry with appropriate documentation

### **Education CPT Codes**

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CMS does not reimburse for education, thus this is FYI

<b>98960, 98961, 98962</b>	Education & Training for Patient Self Management
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### **Evaluation and Management (E&M) Codes**

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- Non physician providers (NPP) help improve patient flow and increase physician availability.
- NPPs can provide services “Incident To” those of a physician.
- NPPs can provide services that were originally rendered by the physician.
- “Incident To” guidelines specify that the service rendered must be provided to an established patient.

<b>99211-99215</b>	E & M codes (99211 used as RT evaluation with MD present)
<b>97001</b>	Physical Therapy department for evaluation
<b>97003</b>	Occupational Therapy for evaluation

- The physician must provide the initial service at the first encounter to initiate the course of treatment. (Medicare Rules update section 15501).
- The physician does not need to provide personal service at subsequent encounters
- NPPs must be covered by their state's scope of practice for the procedures performed.

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**Medicare Improvements for Patients and Providers Act of 2008**

**SEC. 144: PAYMENT AND COVERAGE IMPROVEMENTS FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND OTHER CONDITIONS.**

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**`Pulmonary Rehabilitation Program**

` (fff)(1) The term 'pulmonary rehabilitation program' means a physician-supervised program (as described in subsection (eee)(2)*\*(see below for language)* with respect to a program under this subsection) that furnishes the items and services described in paragraph (2).

` (2) The items and services described in this paragraph are--

` (A) physician-prescribed exercise;

` (B) education or training (to the extent the education or training is closely and clearly related to the individual's care and treatment and is tailored to such individual's needs);

` (C) psychosocial assessment;

` (D) outcomes assessment; and

` (E) such other items and services as the Secretary may determine, but only if such items and services are--

` (i) reasonable and necessary for the diagnosis or active treatment of the individual's condition;

` (ii) reasonably expected to improve or maintain the individual's condition and functional level; and

` (iii) furnished under such guidelines relating to the frequency and duration of such items and services as the Secretary shall establish, taking into account accepted norms of medical practice and the reasonable expectation of improvement of the individual.

` (3) The Secretary shall establish standards to ensure that a physician with expertise in the management of individuals with respiratory pathophysiology who is licensed to practice medicine in the State in which a pulmonary rehabilitation program is offered--

- ` (A) is responsible for such program; and
- ` (B) in consultation with appropriate staff, is involved substantially in directing the progress of individual in the program.'

\* \* \* \*

(3) EFFECTIVE DATE- The amendments made by this subsection shall apply to items and services furnished on or after January 1, 2010.

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(ee) 2 states the following:

- ` (2) A program described in this paragraph is a program under which--
  - ` (A) items and services under the program are delivered--
    - ` (i) in a physician's office;
    - ` (ii) in a hospital on an outpatient basis; or
    - ` (iii) in other settings determined appropriate by the Secretary.
  - ` (B) a physician is immediately available and accessible for medical consultation and medical emergencies at all times items and services are being furnished under the program, except that, in the case of items and services furnished under such a program in a hospital, such availability shall be presumed; and
  - ` (C) individualized treatment is furnished under a written plan established, reviewed, and signed by a physician every 30 days that describes--
    - ` (i) the individual's diagnosis;
    - ` (ii) the type, amount, frequency, and duration of the items and services furnished under the plan; and
    - ` (iii) the goals set for the individual under the plan.