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# **Pulmonary Rehabilitation**

**Palmetto GBA, Jurisdiction 11 MAC  
Provider Outreach and Education**



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# Pulmonary Rehabilitation

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Pulmonary Rehabilitation is a multi-disciplinary program of care for patients with chronic respiratory impairment who are symptomatic and often have decreased daily life activities



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# Benefits of Pulmonary Rehabilitation

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- Decrease the symptoms of your disease or condition
- Ability to function better in your daily life
- Increased ability to exercise
- Decreased symptoms and better management of anxiety and depression

<https://www.aacvpr.org/Portals/0/resources/patients/PR%20Fact%20Sheet%202.12.pdf>



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# COPD

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Chronic Obstructive Pulmonary Disease (COPD) refers to a group of lung diseases that block airflow as you exhale and make it increasingly difficult for you to breathe

<http://www.mayoclinic.com/health/copd/DS00916>



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- COPD is a lung disease that makes it hard to breathe
  - It is caused by damage to the lungs over many years

<http://www.webmd.com/lung/copd/tc/chronic-obstructive-pulmonary-disease-copd-overview>



- Chronic bronchitis
- Emphysema
- Asthma
- Bronchiectasis
- Extrinsic allergic alveolitis
- COPD NEC



## Key indicators for considering a diagnosis of COPD:

- Dyspnea that is:
  - Progressive
  - Characteristically worse with exercise
  - Persistent
- Chronic cough
- Chronic sputum production

At a Glance Outpatient management reference for Chronic Obstructive Pulmonary Disease, updated 2013



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# Assessment of COPD Goals

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Determine the severity of the disease, its impact on the patient's health status and the risk of future events (for example exacerbations) to guide therapy





# Assessment of COPD Goals

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Consider the following aspects of the disease separately:

- Current level of patient's symptoms
- Severity of the spirometric abnormality
- Frequency of exacerbations
- Presence of comorbidities



# Symptoms of COPD

The characteristic symptoms of COPD are chronic and progressive dyspnea, cough, and sputum production that can be variable from day-to-day.

*Dyspnea:* Progressive, persistent and characteristically worse with exercise.

*Chronic cough:* May be intermittent and may be unproductive.

*Chronic sputum production:* COPD patients commonly cough up sputum.



# GOLD Criteria for COPD

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- The GOLD classifications are the main method doctors use to describe the severity of COPD
  - GOLD is short for the Global Initiative for Chronic Obstructive Lung Disease, a collaboration between the National Institutes of Health and the World Health Organization

<http://www.webmd.com/lung/copd/gold-criteria-for-copd>



# GOLD Criteria for COPD

- The GOLD staging system classifies people with COPD based on their degree of airflow limitation (obstruction).
- The airflow limitation is measured during pulmonary function tests (PFTs).
- When blowing out forcefully, people with normal lungs can exhale most of the air in their lungs in one second

<http://www.webmd.com/lung/copd/gold-criteria-for-copd>



# GOLD Criteria for COPD

- The volume in a one-second forced exhalation is called the forced expiratory volume in one second ( $FEV_1$ ), measured in liters
- The total exhaled breath is called the forced vital capacity (FVC), also measured in liters
- In people with normal lung function,  $FEV_1$  is at least 70% of FVC



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# GOLD Criteria for COPD

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An  $FEV_1$  less than 70% of FVC can make the diagnosis of COPD in someone with compatible symptoms and history



# GOLD Classifications

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Stage I	Mild COPD	FEV <sub>1</sub> /FVC<0.70	FEV <sub>1</sub> ≥ 80% normal
Stage II	Moderate COPD	FEV <sub>1</sub> /FVC<0.70	FEV <sub>1</sub> 50-79% normal
Stage III	Severe COPD	FEV <sub>1</sub> /FVC<0.70	FEV <sub>1</sub> 30-49% normal
Stage IV	Very Severe COPD	FEV <sub>1</sub> /FVC<0.70	FEV <sub>1</sub> <30% normal, or <50% normal with chronic respiratory failure present



- Test result should be in chart and should be an “official” report
- Physician ordering pulmonary rehab or writing the pulmonary rehab orders should make note of the test, and interpret the result that objectively shows the patient has moderate or severe COPD according to the GOLD standard.





# Pulmonary Rehabilitation Program

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A pulmonary rehabilitation (PR) program is typically a physician-supervised, multidisciplinary program individually tailored and designed to optimize physical and social performance and autonomy of care for patients with chronic respiratory impairment



# Pulmonary Rehabilitation Program

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- The main goal is to empower the individuals' ability to exercise independently
- Exercise is combined with other training and support mechanisms to encourage long-term adherence to the treatment plan



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# Pulmonary Rehabilitation Program

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PR program is individually tailored and designed to optimize physical and social performance and autonomy



# Pulmonary Rehabilitation Program

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Effective January 1, 2010, Medicare Improvements for Patients and Providers Act (MIPPA) provisions added a physician-supervised, comprehensive PR program for patients with moderate to very severe COPD



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# Pulmonary Rehabilitation Program

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Medicare will pay for up to two one-hour sessions per day, for up to 36 lifetime sessions (in some cases, up to 72 lifetime sessions) of PR



# PR Program Beneficiary Requirements

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As specified in 42 CFR 410.47, Medicare covers PR items and services for patients with moderate to very severe chronic obstructive pulmonary disease (COPD) (defined as GOLD classification II, III, and IV), when referred by the physician treating the chronic respiratory disease



# PR Program Components

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The PR program must include the following mandatory components:

- Physician-prescribed exercise
- Education or training
- Psychosocial assessment
- Outcomes assessment
- An individualized treatment plan



# Physician-Prescribed Exercise

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- This physical activity includes techniques such as exercise conditioning, breathing retraining, and step and strengthening exercises
- Some aerobic exercise must be included in each PR session





- If the intervention is done on more than one occasion, the physician must order it.
  - A new order doesn't have to be written for every day, an order can encompass several days.
  - The order must specify exactly what is to be given and cannot be in ranges.
  - An order can be changed.
  - An order can be verbal, but must be signed by the ordering practitioner—the sooner the better.
  - Changes in orders should generally be reflected in progress notes.



High and low intensity exercise is recommended as well as a combination of endurance and strength training at least twice a week.

42 CFR 410.47



# Education or Training

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- This should be closely and clearly related to the individual's care and treatment and tailored to the individual's needs, including information on respiratory problem management and, if appropriate, brief smoking cessation counseling.
- Any education or training must assist in achievement of individual goals towards independence in activities of daily living, adaptation to limitations, and improved quality of life (QoL).



# Psychosocial Assessment

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This assessment means a written evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation or respiratory condition



# Psychosocial Assessment

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It should include:

- (1) an assessment of those aspects of the individual's family and home situation that affects the individual's rehabilitation treatment, and,
- (2) a psychological evaluation of the individual's response to, and rate of progress under, the treatment plan. Periodic re-evaluations are necessary to ensure the individual's psychosocial needs are being met



# Outcomes Assessment

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These should include:

(1) beginning and end evaluations based on patient-centered outcomes, which are conducted by the physician at the start and end of the program, and,

(2) objective clinical measures of the effectiveness of the PR program for the individual patient, including exercise performance and self-reported measures of shortness of breath, and behavior.

The assessments should include clinical measures such as the 6-minute walk, weight, exercise performance, self-reported dyspnea, behavioral measures (supplemental oxygen use, smoking status,) and a QoL assessment.



# Individualized Treatment Plan

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- An individualized treatment plan describing the individual's diagnosis and detailing how components are utilized for each patient.
- The plan must be established, reviewed, and signed by a physician every 30 days.
- The plan may initially be developed by the referring physician or the PR physician. If the plan is developed by the referring physician who is not the PR physician, the PR physician must also review and sign the plan prior to initiation of the PR program. It is expected that the supervising physician would have initial, direct contact with the individual prior to subsequent treatment by ancillary personnel, and also have at least one direct contact in each 30-day period.



# Individualized Treatment Plan

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- The plan must have written specificity with regards to the type, amount, frequency, and duration of PR items and services furnished to the individual, and specify the appropriate mix of services for the patient's needs.
- It must include measurable and expected outcomes and estimated timetables to achieve these outcomes.





# Individualized Treatment Plan

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- Written plan established, reviewed, and signed by a physician every 30 days, that describes all of the following:
- The diagnosis
- The type, amount, frequency, and duration of the items and services under the plan.
- The goals set for the individual

42 CFR 410.47 - Pulmonary Rehabilitation Program: Conditions for coverage



# Setting Requirements

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- PR items and services must be furnished in a physician's office or a hospital outpatient setting.
- The setting must have the necessary cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment.
- All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times that the PR items and services are being furnished under the program.



## Physician

- Responsible and accountable for the pulmonary rehabilitation program, including oversight of the PR staff
- Involved substantially, in consultation with staff, in directing the progress of the individual in the program including direct patient contact related to the periodic review of his or her treatment plan
- Expertise in the management of individuals with respiratory pathophysiology, and cardiopulmonary training
- Licensed to practice medicine in the state in which the pulmonary rehabilitation program is offered



# Direct Supervision

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*Direct supervision* means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure

42 CFR 410.32



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# Direct Supervision

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For pulmonary rehabilitation direct supervision must be furnished by a doctor of medicine or osteopathy

42 CFR 410.47 - Pulmonary Rehabilitation Program: Conditions for coverage



- Progress notes
  - A physician admitting note stating the diagnosis and problems of the individual, outlining the plan of treatment, the modalities to be used and the goals of the therapy.
  - Evidence in the record that a physician directed the care.
  - Notation in the record of supervision of each session.



# Coding Requirements for Pulmonary Rehabilitation Services

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G0424 (Pulmonary rehabilitation, including exercise (includes monitoring), per hour, per session)

CMS Manual System, 100-04, chapter 32, section 10.4



# Coding Requirements for Pulmonary Rehabilitation Services

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- Maximum of two one-hour sessions per day
- Session duration of treatment must be at least 31 minutes
- Two sessions of pulmonary rehabilitation services may only be reported in the same day if the duration of treatment is at least 91 minutes





- Medicare Contractors will pay claims for HCPCS code G0424 (PR) only when services are provided in the following places of service
  - 11 (physician's office)
  - 22 (hospital outpatient)
- Medicare will deny claims for HCPCS code G0424 performed in other than, and billed without, POS 11 or 22



Contractors shall accept the inclusion of the KX modifier on the claim lines as an attestation by the provider of the service that documentation is on file verifying that further treatment beyond the 36 sessions is medically necessary up to a total of 72 sessions for that beneficiary



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# Claims Processing

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Medicare Contractors will deny claims for HCPCS code G0424 when submitted for more than 72 sessions even where the KX modifier is present



- Type of bill
  - 13X
  - 85X
- Revenue code 0948



# Daily Frequency Edits for PR Claims

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Claims that exceed 2 units on a date of service will be denied

CMS Publication 100-04 Medicare Claims Processing Manual, Chapter 32,  
section 140.4.2.3 – Daily Frequency Edits for PR Claims



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# Examples

CMS Publication 100-04 Medicare Claims Processing  
Manual, Chapter 32, section 140.4.1 – Coding Requirements  
for Pulmonary Rehabilitation Services Furnished On or After  
January 1, 2010



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- Patient receives 20 minutes of pulmonary rehabilitation services in the day
  - No pulmonary rehabilitation session may be reported because less than 31 minutes of services were furnished



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- Patient receives 20 minutes of pulmonary rehabilitation services in the morning
  - Receives 35 minutes of pulmonary rehabilitation services in the afternoon
  - Report 1 session of pulmonary rehabilitation services under 1 unit of the HCPCS G-code for the total duration of 55 minutes of pulmonary rehabilitation services on that day





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- Patient receives 70 minutes of pulmonary rehabilitation services in the morning
  - Receives 25 minutes of pulmonary rehabilitation services in the afternoon of a single day
  - Report two sessions of pulmonary rehabilitation services under the HCPCS G-code because the total duration of pulmonary rehabilitation services on that day of 95 minutes exceeds 90 minutes



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- Patient receives 70 minutes of pulmonary rehabilitation services in the morning
  - Receives 85 minutes of pulmonary rehabilitation services in the afternoon of a single day
  - Report two sessions of pulmonary rehabilitation services under the HCPCS G-code for the total duration of pulmonary rehabilitation services of 155 minutes
  - A maximum of two sessions per day may be reported, regardless of the total duration of pulmonary rehabilitation services



- 42 CFR 410.47
- CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 32 , Section 140



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# Questions?