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Pulmonary Rehabilitation

Palmetto GBA, Jurisdiction 11 MAC
Provider Outreach and Education

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Pulmonary Rehabilitation

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

- 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

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

- 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

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Key Indicators

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

Assessment of COPD Goals

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

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Assessment of COPD Goals

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

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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.

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GOLD Criteria for COPD

- 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

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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

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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

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

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GOLD Classifications

Stage I	Mild COPD	FEV1/FVC<0.70	FEV_1≥ 80% normal
Stage II	Moderate COPD	FEV1/FVC<0.70	FEV_1 50-79% normal
Stage III	Severe COPD	FEV1/FVC<0.70	FEV_1 30-49% normal
Stage IV	Very Severe COPD	FEV1/FVC<0.70	FEV_1 <30% normal, or <50% normal with chronic respiratory failure present

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Documentation

- 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.

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Pulmonary Rehabilitation Program

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

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Pulmonary Rehabilitation Program

- 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

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

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Pulmonary Rehabilitation Program

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

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

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PR Program Beneficiary Requirements

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

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PR Program Components

The PR program must include the following mandatory components:

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

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Physician-Prescribed Exercise

- 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

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Orders

- 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.

Aerobic Exercise

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

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Education or Training

- 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

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

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

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Outcomes Assessment

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.

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Individualized Treatment Plan

- 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 imitation 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.

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Individualized Treatment Plan

- 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.

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Individualized Treatment Plan

- 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

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Setting Requirements

- 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.

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Physician Standards

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

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Direct Supervision

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

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

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Documentation

- 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.

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Coding Requirements for Pulmonary Rehabilitation Services

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

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Claims Processing

- 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

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- Completion of Prepayment Service-Specific Targeted Medical Review of Outpatient Pulmonary Rehab (HCPCS G0424) in North Carolina, South Carolina, and Virginia/West Virginia

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Palmetto GBA performed service-specific prepayment complex review on claims for HCPCS G0424, Outpatient Pulmonary Rehab, in North Carolina, South Carolina and Virginia/West Virginia for the period of February 2014 – April 2014. The results of the service specific targeted medical review for all states are presented here.

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North Carolina Results

A total of 342 claims were reviewed, with 287 of the claims either completely or partially denied. The total dollars reviewed was $359,466.35 out of which $273,146.51 was denied, resulting in a charge denial rate of 76.0%.

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The top denial reasons identified were:

Percent of Total Denials	Denial Code	Denial Description
38.8%	5D901/5H901	Pulmonary Rehab Not Warranted For Diagnosis
20.7%	5D902/5H902	Documentation Did Not Include the Required Components
15.4%	5D169/5H169	Services Not Documented
15.1%	5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services
5.5%	5D903/5H903	Physician Must Be Readily Available
4.4%	56900	Requested Medical Records Not Submitted Timely

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	The Pulmonary Rehabilitation Program Does Not Contain the Mandatory Components Required in 42 CFR 410.47.	187
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation Submitted Does Not Represent A Patient with Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD) As Defined by the Gold Classification II, III, and IV per 42 CFR 410.47.	147
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Psychosocial Assessment of the Individual's Mental and Emotional Functioning As It Relates to Their Rehabilitation or Respiratory Condition.	128
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation of Post-Bronchodilator Pulmonary Function Studies Does Not Meet The Requirement of FEV1 Less Than 80% of Predicted and FEV1/FVC of Less than 70%.	126

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	The Documentation Submitted Does Not Represent An Individualized Treatment Plan Signed by a Physician and Reviewed Every 30 Days as Required in 42 CFR 410.47.	126
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Outcomes Assessment of the Patient's Progress Related to the Rehabilitation	118
5D903/5H903	MD Must Be Readily Available	The Documentation Submitted Does Not Indicate the Supervising Physician Was Available and Accessible For Medical Consultations and Emergencies At All Times, When Services Were Provided Under The Program As Defined in 42 CFR 410.47 .	86
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Physician's Prescribed Exercise Program Present in the Documentation.	55

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D169/5H169	Services Not Documented	The Documentation is Missing For One or More of the Dates Billed.	54
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Documentation of the Patient's Education or Training As It Relates to Care and Treatment.	53
5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services	There is No Physicians Order/Referral for Admission to Pulmonary Rehabilitation Services Present.	39
5D402/5H402	The Number of Days or Units of Service Does Not Meet the Required Minimum or Exceeds the Acceptable Maximum for Sessions One(1) Through Thirty-Six(36)	Does Not Meet Requirements for Session 1-36 of Pulmonary Rehabilitation Services Up To 36 Sessions, No More Than Two Sessions Per Day as Defined in 42 CFR 410.47.	21

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
56900	Auto Denial - Requested Records Not Submitted	The Requested records were not submitted timely	18
5D403/5H403	KX modifier absent and/or the number of days or units of service does not meet the required minimum or exceeds the acceptable maximum for sessions thirty-seven(37) through seventy-two(72)	The Documentation Submitted Does Not Meet the Requirements for Pulmonary Rehabilitation Services Up to 72 Sessions, with KX Modifiier and No More Than Two Sessions Per Day as Defined in 42 CFR 410.47.	3
5D903/5H903	MD Must Be Readily Available	Does Not Contain Required Setting for Pulmonary Rehabilitation Services as Defined in 42 CFR 410.47, 410.49,413.65 .	3
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Physician-Prescribed Exercise.	3
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Education or Training	2

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South Carolina Results

A total of 109 claims were reviewed, with 94 of the claims either completely or partially denied. The total dollars reviewed was $103,622.73 out of which $86,595.96 was denied, resulting in a charge denial rate of 83.6%.

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The top denial reasons identified were:

Percent of Total Denials	Denial Code	Denial Description
31.2%	5D901/5H901	Pulmonary Rehab Not Warranted For Diagnosis
24.9%	5D902/5H902	Documentation Did Not Include the Required Components
22.4%	56900	Requested Medical Records Not Submitted Timely
14.8%	5D169/5H169	Services Not Documented
5.5%	5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services
1.2%	5D903/5H903	Physician Must Be Readily Available

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	Does Not Contain the Required Components for Pulmonary Rehabilitation Program as Defined in 42 CFR 410.47.	55
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation Submitted Does Not Represent A Patient with Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD) As Defined by the Gold Classification II, III, and IV per 42 CFR 410.47.	46
5D902/5H902	Documentation Did Not Contain the Required Components	No Outcomes Assessment As A Written Evaluation of Patient Progress Related to the Rehabilitation.	42
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation of Post-Bronchodilator Pulmonary Function Studies Does Not Meet The Requirement of FEV1 Less Than 80% of Predicted and FEV1/FVC of Less than 70%.	42

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	Does Not Contain Mandatory Individualized Treatment Plans As A Written, Established, Reviewed, and Signed by A Physician Every 30 Days as Defined in 42 CFR 410.47.	34
5D902/5H902	Documentation Did Not Contain the Required Components	No Psychosocial Assessment As A Written Evaluation of an Individual's Mental and Emotional Functioning As It Relates to Their Rehabilitation or Respiratory Condition.	33
5D903/5H903	MD Must Be Readily Available	The Documentation Submitted Does Not Indicate the Supervising Physician Was Available and Accessible For Medical Consultations and Emergencies At All Times, When Services Were Provided Under The Program As Defined in 42 CFR 410.47 .	19
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Documentation of the Patient's Education or Training As It Relates to Care and Treatment.	19

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D169/5H169	Services Not Documented	There is Documentation Missing for One or More of the Dates of Service Billed	18
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Physician's Prescribed Exercise Program Present in the Documentation.	17
5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services	There is No Physicians Order/Referral for Admission to Pulmonary Rehabilitation Services Present.	14
56900	Auto Denial - Requested Records Not Submitted	The Requested records were not submitted timely	14

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D402/5H402	The Number of Days or Units of Service Does Not Meet the Required Minimum or Exceeds the Acceptable Maximum for Sessions One(1) Through Thirty-Six(36)	The Documentation Submitted Does Not Meet the Requirements for Pulmonary Rehabilitation Services Up to 36 and No More Than Two Sessions Per Day as Defined in 42 CFR 410.47.	6
5D403/5H403	KX modifier absent and/or the number of days or units of service does not meet the required minimum or exceeds the acceptable maximum for sessions thirty-seven(37) through seventy-two(72)	The Documentation Submitted Does Not Meet the Requirements for Pulmonary Rehabilitation Services Up to 72 Sessions, with KX Modifier and No More Than Two Sessions Per Day as Defined in 42 CFR 410.47.	1

Virginia/West Virginia Results

A total of 377 claims were reviewed, with 292 of the claims either completely or partially denied. The total dollars reviewed was $389,354.78 out of which $294,562.07 was denied, resulting in a charge denial rate of 75.7%.

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The top denial reasons identified were:

The top denial reasons identified were:

Percent of Total Denials	Denial Code	Denial Description
37.2%	5D901/5H901	Pulmonary Rehab Not Warranted For Diagnosis
29.5%	5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services
19.6%	5D902/5H902	Documentation Did Not Include the Required Components
6.9%	5D169/5H169	Services Not Documented
2.9%	5D402/5H402	KX modifier absent and/or the number of days or units of service does not meet the required minimum or exceeds the acceptable maximum for sessions thirty-seven(37) through seventy-two(72
2.1%	5D903/5H903	Physician Must Be Readily Available
1.7%	56900	Requested Medical Records Not Submitted Timely

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	The Pulmonary Rehabilitation Program Does Not Contain the Mandatory Components Required in 42 CFR 410.47.	223
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation Submitted Does Not Represent A Patient with Moderate to Severe Chronic Obstructive Pulmonary Disease (COPD) As Defined by the Gold Classification II, III, and IV per 42 CFR 410.47.	198
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Psychosocial Assessment of the Individual's Mental and Emotional Functioning As It Relates to Their Rehabilitation or Respiratory Condition.	176
5D902/5H902	Documentation Did Not Contain the Required Components	The Documentation Submitted Does Not Represent An Individualized Treatment Plan Signed by a Physician and Reviewed Every 30 Days as Required in 42 CFR 410.47.	175

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D901/5H901	Pulmonary Rehab Not Warranted for Diagnosis	The Documentation of Post-Bronchodilator Pulmonary Function Studies Does Not Meet The Requirement of FEV1 Less Than 80% of Predicted and FEV1/FVC of Less than 70%.	155
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Outcomes Assessment of the Patient's Progress Related to the Rehabilitation	146
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Physician's Prescribed Exercise Program Present in the Documentation.	115
5D903/5H903	MD Must Be Readily Available	The Documentation Submitted Does Not Indicate the Supervising Physician Was Available and Accessible For Medical Consultations and Emergencies At All Times, When Services Were Provided Under The Program As Defined in 42 CFR 410.47 .	87

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Documentation of the Patient's Education or Training As It Relates to Care and Treatment.	76
5D404/5H404	No Order/Referral for Pulmonary Rehabilitative Services	There is No Physicians Order/Referral for Admission to Pulmonary Rehabilitation Services Present.	60
5D169/5H169	Services Not Documented	There is Documentation Missing for One or More of the Dates of Service Billed	41
5D402/5H402	KX modifier absent and/or the number of days or units of service does not meet the required minimum or exceeds the acceptable maximum for sessions thirty-seven(37) through seventy-two(72)	The Documentation Submitted Does Not Meet the Requirements for Pulmonary Rehabilitation Services Up to 36 Sessions and No More Than Two Sessions Per Day as Defined in 42 CFR 410.47.	23

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Granular Error Findings

Denial Code	Denial Description	Specific "Granular" Error Findings	Number of Occurrences
5D902/5H902	Documentation Did Not Contain the Required Components	There is No Physician-Prescribed Exercise.	2
56900	Requested Records were not received	Requested Records Were Not Submitted Timely	2

Denial Reasons and Prevention Recommendations

5D902/5H902- Documentation did not Include Required Components

Reason for Denial

This claim was fully denied because the following components of the pulmonary rehabilitation program were not submitted in the medical record:

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

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How to Avoid a Denial

- Submit the program component requirements when responding to the ADR request.

For more information, refer to:

- CMS Internet-Only Manuals (IOMs), Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.4
- Change Request 6823
- CMS Medicare Learning Network (MLN) Matters article MM6823 (Pulmonary Rehabilitation Services)

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Denial Reasons and Prevention Recommendations

5D901/5H901 – Pulmonary Rehab Not Warranted for Diagnosis

Reason for Denial

The claim was fully denied because the condition required for coverage of pulmonary rehabilitation services was not submitted in the medical record.

- CMS Manual System, Pub 100-04, Medicare Claims Processing Manual Chapter 32, Section 140.4 states “As specified in 42 CFR410.47, Medicare covers pulmonary rehabilitation items and services for patients with moderate to very severe COPD (defined as GOLD classification II, III, and IV), when referred by the physician treating the chronic respiratory disease.

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How to Avoid a Denial

- Submit the information required for coverage when responding to the ADR request.

- For more information, refer to:
- CMS Internet-Only Manuals (IOMs), Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.4

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Denial Reasons and Prevention Recommendations

5D169/5H169 - Services Not Documented

Reason for Denial

This claim was partially or fully denied because the provider billed for services/items not documented in the medical record submitted.

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How to Avoid a Denial

- Submit all documentation related to the services billed.
- Ensure that results submitted are for the date of service billed, the correct beneficiary and the specific service billed.

For more information, refer to:

- Code of Federal Regulations, 42 CFR – Sections 410.32 and 424.5
- The article below can be located on the Palmetto GBA Web Site (www.PalmettoGBA.com) using the Search feature.
- Responding to an Outpatient Therapy Additional Development Request

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Denial Reasons and Prevention Recommendations

5D404/5H404 – No Orders/Referrals for Pulmonary Rehabilitative Services

Reason for Denial

The services billed were not covered due to no physician's order or referral for pulmonary rehabilitative services.

How to Avoid a Denial

How to Avoid a Denial

In order to avoid unnecessary denials for this reason, the provider should ensure that the physician's orders/referrals cover the services to be billed prior to billing Medicare. When responding to an Additional Documentation Request (ADR), ensure that all orders/referrals for services billed are included with the medical records. The Medicare program requires that the physician order/referral is set up for furnishing services.

For further information on the above Medicare coverage issue, references include, but are not limited to, these resources:

- 42 CFR 410.47 Pulmonary Rehabilitation Program: Conditions for Coverage
- Medicare Claims Processing Manual Chapter 32 – Billing Requirements for Special Services

Denial Reasons and Prevention Recommendations

5D903/5H903 – Physician must be readily available

Reason for Denial

The claim was denied because the requirement for pulmonary rehabilitation services regarding “the program must be under the direct supervision of a physician” was not met.

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How to Avoid a Denial

Provide documentation that the physician is present in the facility and immediately available to furnish assistance and direction throughout the performance of the procedure.

For more information, refer to:

- CMS Internet-Only Manuals (IOMs), Publication 100-04, Medicare Claims Processing Manual, Chapter 32, Section 140.4
- Code of Federal Regulations, 42 CFR – Section 410.32 (b)(3)(ii

Denial Reasons and Prevention Recommendations

56900 – Auto Denial - Requested Medical Records Not Submitted

Reason for Denial

The services billed were not covered because the claim was not submitted or not submitted timely in response to an Additional Development Request (ADR). When an ADR is generated, the provider has 30 days from the date the ADR was generated to respond with medical records. In accordance with CMS instructions, if the documentation needed to make a medical review determination is not received within 45 days from the date of the documentation request, Palmetto GBA will make a medical review determination based on the available medical documentation. If the claim is denied, payment will be denied or an overpayment will be collected.

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How to Avoid a Denial

- Be aware of the ADR date and the need to submit medical records within 30 days of the ADR date.
- Submit the medical records as soon as the ADR is received.
- Monitor the status of your claims in Direct Data Entry (DDE) and begin gathering the medical records as soon as the claim goes to the location of SB6001.
- Return the medical records to the address on the ADR. Be sure to include the appropriate mail code or station number. This ensures that your responses are promptly routed to the Medical Review Department.
- Gather all of the information needed for the claim and submit it all at one time.
- Attach a copy of the ADR request to each individual claim.
- If responding to multiple ADRs, separate each response and attach a copy of the ADR to each individual set of medical records. Make sure each set of medical records is bound securely with one staple in the upper left corner or a rubber band to ensure that no documentation is detached or lost. Do NOT use paper clips.
- Do not mail packages C.O.D.; we cannot accept them.

For more information, refer to the following articles on the Palmetto GBA Web site at www.PalmettoGBA.com:

For more information, refer to the following articles on the Palmetto GBA J11 Part A website Medical Review Progressive Corrective Action (PCA) Process.

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The Next Steps

The service-specific targeted medical review edits for Part A Outpatient Pulmonary Rehab, HCPCS G0424 will be continued in North Carolina, South Carolina and Virginia/West Virginia. This service has been identified as a major risk area for J11, and the review results show a high charge denial rate and high severity impact errors in each state. If significant billing aberrancies are identified, provider-specific review may be initiated.

Questions regarding this medical review can be directed to the Provider Contact Center at (866) 696-0705.

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KX Modifier

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

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

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Institutional Claims

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

Daily Frequency Edits for PR Claims

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

CMS
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Example

- 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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Example

- 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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Example

- 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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Example

- 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

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References

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

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Questions?