

PULMONARY DISCIPLINE MEETING

NCCRA 44th Annual Symposium

April 26, 2024

AGENDA

- 2024 Update
- Pulmonary Rehabilitation Outcomes
- Discussion

SUPERVISION OF PULMONARY REHABILITATION

- As of January 1, 2024 Non-Physician Providers (i.e., CNS, NP, PA) can serve as the daily supervising provider of Pulmonary Rehabilitation
 - They cannot independently order PR or sign ITPs because of the way PR is defined in the statute
 - Physician ordered services that must contain physician ordered exercise
- PHE ended May 11, 2023 that allowed virtual physician supervision until 12/13/2024
- HR 1406/ S 3021 has been introduced by in the Senate by Senators Klobuchar, Sinema, Blackburn and Hoven. This bill, if passed, will allow virtual MD supervision to become permanent.

Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline

[Carolyn L Rochester](#), [Jennifer A Alison](#), [Brian Carlin](#), [Alex R Jenkins](#), [Narelle S Cox](#), [Gerene Bauldoff](#), [Surya P Bhatt](#), [Jean Bourbeau](#), [Chris Burtin](#), [Pat G Camp](#), [Thomas M Cascino](#), [Grace Anne Dorney Koppel](#), [Chris Garvey](#), [Roger Goldstein](#), [Drew Harris](#), [Linzy Houchen-Wolloff](#), [Trina Limberg](#), [Peter K Lindenauer](#), [Marilyn L Moy](#), [Christopher J Ryerson](#), [Sally J Singh](#), [Michael Steiner](#), [Rachel S Tappan](#), [Abebaw M Yohannes](#), [Anne E Holland](#)

PMID: 37581410 PMCID: [PMC10449064](#) DOI: [10.1164/rccm.202306-1066ST](#)

- Despite its known benefits, pulmonary rehabilitation (PR) for patients with chronic respiratory disease is underused
- These guidelines provide the basis for evidence-based delivery of PR for people with **chronic respiratory disease**

ATS 2023 RECOMMENDATIONS SUMMARY

- Strong recommendation for PR for adults with stable COPD (moderate-quality evidence)
- Strong recommendation for PR for adults with stable COPD (moderate-quality evidence) after hospitalization for COPD exacerbation (moderate-quality evidence)
- Strong recommendation for PR for adults with interstitial lung disease (moderate-quality evidence)
- Conditional recommendation for PR for adults with pulmonary hypertension (low-quality evidence)
- Strong recommendation for offering the choice of center-based PR or telerehabilitation for patients with chronic respiratory disease (moderate-quality evidence)
- Conditional recommendation for offering either supervised maintenance PR or usual care after initial PR for adults with COPD (low-quality evidence)

Expanding Implementation of Tele-Pulmonary Rehabilitation: The New Frontier

Bhatt SP, Rochester CL.

Ann Am Thorac Soc. 2022 Jan;19(1):3-5. doi: 10.1513/AnnalsATS.202109-1082ED. PMID: 34971356; PMCID: PMC8787793.

- Pulmonary rehabilitation (PR) is one of the most effective interventions for improving the health of individuals with chronic obstructive pulmonary disease (COPD) and other chronic respiratory diseases
- Poor access to PR centers often results in the omission of PR from treatment armamentaria
- Fewer than 2% of patients with COPD have access to PR worldwide
- Access is particularly limited in rural areas
- Travel distance impacts the odds of participation
- Over the past several years, and accelerated by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, PR delivery via telehealth has emerged as an attractive alternative to center-based PR to overcome some barriers to access
- However, despite the expansion of telehealth to the delivery of many aspects of patient care, tele-PR has been largely limited to the research setting

PULMONARY REHAB PROGRAM CERTIFICATION UPDATE - 2024

- Program directors that do provide day-to-day patient care need to report competencies
- Do not list administrator or supporting staff not involved in day-to-day activities
- Describe how staff are determined to be competent – don't include post test/answers
- Must label required elements on ITP (assessment, plan, reassessment, discharge/follow-up for each element)
- Education must be incorporated into each element, not listed as a separate component
- Nutrition assessment must include documentation of an actual assessment or review of patient's nutrition habits/diet. Assessing and documenting weight and BMI alone is not sufficient.
- Prescribed O₂ flow and prescribed SpO₂ need to be included as part of the exercise prescription
- Management and titration of O₂ should remain in the oxygen element

PULMONARY REHAB PROGRAM CERTIFICATION UPDATE

- Daily documentation that defibrillator/AED, portable oxygen is verified and ready for use in an emergency
- Outcomes measures for 2024 (Assessment Period: January 1, 2023 – December 31, 2023)
 - Improvement in functional capacity
 - Improvement in dyspnea
 - Improvement in Health-Related Quality of Life
 - Enrollment performance measure (how many attend index visit out of total number of referrals)
 - Adherence Performance measures (per cent of patients 18 years or older who have attended 12 or more sessions)

2024 FINAL PAYMENT RATES FOR HOSPITAL OUTPATIENT SERVICES

Service	Procedure Code	APC	Payment Rate	Patient/Secondary Insurance Amount
Cardiac rehab w/o monitor	93797	5771	\$126.03	\$25.21
Cardiac rehab w/monitor	93798	5771	\$126.03	\$25.21
Intens cardiac rehab w/exer	G0422	5771	\$126.03	\$25.21
Intens cardiac rehab no exer	G0423	5771	\$126.03	\$25.21
Therapeutic Procedures – strength/endurance	G0237	5731	\$28.41	\$5.69
Other Resp Procedures - Individual	G0238	5731	\$28.41	\$5.69
Other Resp Procedures – Group	G0239	5732	\$38.26	\$7.66
Pulmonary Rehabilitation w/o Continuous Oximetry Monitoring	94625	5733	\$58.34	\$11.67
Pulmonary Rehabilitation w/Continuous Oximetry Monitoring	94626	5733	\$58.34	\$11.67
Peripheral Vascular Rehab	93668	5733	\$58.34	\$11.67

QUESTIONS???

THANK YOU

cpaladen@wakehealth.edu

