

BACKGROUND

The American Thoracic Society (ATS) and the European Respiratory Society (ERS) define Pulmonary Rehab as “An evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualized treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systemic manifestations of the disease.”

In 2006, AACVPR, the ATS, the American College of Chest Physicians (ACCP), and the National Association for Medical Direction of Respiratory Care (NAMDR) made a request to CMS to devise a national coverage determination (NCD) for Pulmonary Rehabilitation (PR) in an effort to more clearly define the components of PR services. It was determined that an NCD was not appropriate for these services and any further decisions should be made by local contractors or on an individual basis.

The non-decision by CMS is important because it neglects a large portion of the population who would benefit from PR services, including those with cystic fibrosis, bronchiectasis, alpha 1-antitrypsin deficiency, and pulmonary fibrosis, to name a few. According to CMS, other respiratory services are in place to treat these patients.

MEDICARE GUIDELINES: COPD

Currently, Medicare reimburses up to two (2) one-hour sessions per day using Healthcare Common Procedure Coding System (HCPCS) code G0424 for Pulmonary Rehab for patients with Moderate to Very Severe COPD as determined by the GOLD guidelines. The PR program must consist of physician-prescribed exercise, education/training, psychosocial assessment, outcomes assessment, and an individualized treatment plan.

MEDICARE GUIDELINES: NON-COPD

Medicare beneficiaries with diagnoses other than COPD who wish to participate in a supervised program that specializes in treatment of respiratory ailments can be billed using Respiratory Services codes G0237, G0238, and G0239. This treatment includes, but is not limited to (i.e. exercise, proper breathing techniques, and education. CMS defines each service code as follows:

G0237: Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring). Examples include pursed-lip breathing.

G0238: Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, each 15 minutes (includes monitoring). Examples include coughing techniques or proper use of medication.

G0239: Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring). Examples include group exercise training.

FINAL CONSIDERATIONS

Despite offering the same services to non-COPD patients, reimbursement for Respiratory Services is drastically lower than that of Pulmonary Rehabilitation Services. Medicare currently reimburses G0424 at a rate of \$54.53/session while G0237, G0238, and G0239 are each reimbursed at a rate of \$28.37/session each.

While the regulations and legal standards can be challenging to traverse, this hopefully provides some insight into billing options for non-COPD patients who will benefit from Pulmonary Rehab. It is important to note that individual Medicare Contractors may have different interpretations and local coverage determinations for these patients and/or billing codes. Clinicians should check with their hospital's billing department as well as their local MAC representative prior to utilizing these codes.