



# Pulmonary Rehabilitation

## A General Overview

# Objectives

- ✧ Define Pulmonary Rehabilitation (PR)
- ✧ Define Medical Necessity
- ✧ Provide Documentation Guidelines
- ✧ References

# **Pulmonary Rehabilitation**

## **Defined:**

Physician directed individualized Plan of Care that uses a multidisciplinary treatment team to enhance the effective management of pulmonary disease(s) and the resultant functional deficits.

# Medicare Coverage

- ✦ Medicare does not cover PR programs. There is no specific benefit category for these programs at this time.
- ✦ Contractors may allow some components of PR programs for coverage if they are determined to be medically reasonable and necessary.

# Indications of Coverage

- ✧ Chronic but stable respiratory system impairment
- ✧ Pulmonary Function Tests (PFT) within 1 year of initiating PR and within parameters
- ✧ Exhibiting disabling symptoms
- ✧ Expectation of measurable improvement
- ✧ Physically able and motivated to participate

# Treatment Goals or Objectives

The primary goal of pulmonary rehab services is to transfer the responsibility away from hospital or clinic to the patient or caregiver

- ✦ Control, reduce and alleviate symptoms
- ✦ Train patients to reach the highest level of functioning as practicable
- ✦ Train patients to self manage their activities of daily living

# Clinical Involvement

PR services use a physician directed multidisciplinary approach with

- ✦ Respiratory Therapists (RT)
- ✦ Registered Nurses (RN)
- ✦ Physical Therapists (PT)
- ✦ Occupational Therapists (OT)

Duplication or overlap of the above services is not acceptable

# Components Of PR Services

Pulmonary Rehab incorporates:

- ✦ Assessment by the physician and multidisciplinary qualified health professionals
- ✦ Education and training
- ✦ Therapeutic exercise and activities including breathing retraining
- ✦ Bronchial hygiene and aerosol medications
- ✦ Activities of Daily Living (ADL's)
- ✦ Clinical monitoring of pulmonary functions

# Treatment Duration

- ✦ Participation generally occurs for a period of 4-6 hours per week for 8-12 weeks
- ✦ Services beyond 12 weeks will be subject to review on an individual basis
- ✦ PR services should be discontinued when maximum benefit is reached

The endpoint of treatment is not when the patient achieves maximal exercise tolerance or stabilizes, but when they can continue PR at home

# Discharge Criteria and Follow Up

Patients should be discharged from PR services when:

- ✘ Treatment goals are achieved or the patient reaches maximum medical benefit.
- ✘ Minimal or no potential to make significant progress
- ✘ The patient is non-compliant
- ✘ The patient no longer requires PR services

# Coding Guidelines

Services not performed by a PT or OT must be billed with the following G-Codes:

- ✦ G0237 Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles
- ✦ G0238 Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237
- ✦ G0239 Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles

# Limitations Of Coverage

Pulmonary Rehab services would not be considered reasonable and necessary for:

- ✘ Patients who would be expected to spontaneously return to their prior level of function (PLOF) without skilled therapy
- ✘ Services for maintenance of a chronic baseline condition or functional level
- ✘ Patients with acute and/or unstable disease

# Limitations Of Coverage Continued:

- ✘ Patients incapable of participating due to mental or physical limitations
- ✘ Patients where documentation does not support measured benefit
- ✘ Patients who are unable or unwilling to use training
- ✘ Patients who continue to smoke and refuse a smoking cessation program

# Non-Covered Services

- ✘ Non-Individualized treatment
- ✘ Routine psychological screening
- ✘ Duplication of services
- ✘ Treatment that exceeds the patient's needs
- ✘ Routine, non-skilled and/or maintenance care

# Non-Covered Services

## Continued:

- ✘ Patients with poor rehabilitation potential/poor motivation to quit smoking and/or failure to meet indicators for participation in PR services
- ✘ Lack of significant objective findings in preliminary pulmonary diagnostic testing
- ✘ Therapy groups greater than six (6) patients and/or not individualized to each patient's goals
- ✘ Routine follow-up visits

# Documentation Guidelines

Physician order and certification to include:

- ✦ The type, frequency and duration
- ✦ Specific to the types of therapies ordered
- ✦ Signed and dated order from the physician

Medical history and physical within 90 days

Pulmonary Function Tests (PFT)

# Documentation Guidelines

Evaluation to include:

- ✦ Prior PR services
- ✦ Prior level of function (PLOF)
- ✦ Current level of function (CLOF) noting functional deficits in performing activities, tasks or ADL's
- ✦ Plan of treatment including treatment goals

# Documentation Guidelines

Psychosocial status to show ability to participate

Treatment log and treatment session

notes/progress notes

Identification of specific problems and

functional deficits in ADL's

# What Have You Learned?

- ✦ Ability to define Pulmonary Rehabilitation (PR)
- ✦ Ability to define Medical Necessity
- ✦ Review of documentation Guidelines
- ✦ References

# For Additional Coverage Questions

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# References

WPS Medicare Local Coverage Determination (LCD) for Pulmonary Rehabilitation Services (L5738) Last Updated on 11/13/2004 with effective dates 10/28/2004. [www.wpsmedicare.com](http://www.wpsmedicare.com)

Centers for Medicare & Medicaid Services (CMS) Online Manual System. Medicare General Information, Eligibility, and Entitlement. Publication 100-1, Chapter 4, § 50. Physician's Certification and Re-Certification for Outpatient Physical Therapy, Occupational Therapy, and Speech Language Pathology.

# References

Centers for Medicare & Medicaid Services (CMS) Online Manual System.

Medicare Benefit Policy Manual, Publication 100-2, Chapter 6, Hospital Services Covered Under Part B §§ 20.4, 20.4.1, 30 Outpatient Therapeutic Services, Drugs and Biologicals.

Chapter 12, Comprehensive Outpatient Rehabilitation Facility, §§ 30, 40.2, 40.3, 40.4, 40.5, 40.8, 40.9, 40.10, 40.11. Rules for Provisions of Services, Physical Therapy, Occupational Therapy, Speech Pathology, Respiratory Therapy, Nursing Services, Psych Services, Drugs and Biologicals, Home Environment Evaluation

Centers for Medicare & Medicaid Services (CMS) Online Manual System.

Medicare National Coverage Determinations Manual, Publication 100-3, §170.1. Institutional and Patient Home Care Educational Programs.

# References

Centers for Medicare & Medicaid Services (CMS) Online Manual System.

Medicare Claims Processing Manual, Publication 100-4, Chapter 5, § 10.

Part B Outpatient Rehabilitation and CORF Services.

**THIS PROGRAM IS PRESENTED  
FOR INFORMATIONAL  
PURPOSES ONLY.  
THE CURRENT MEDICARE  
REGULATIONS WILL PREVAIL.**

# Thank you, you have completed the CBT.

Would you like to take a 10 question knowledge check?

Yes, let's get started.

No, please take me back to  
WPS Medicare's Provider  
Homepage.

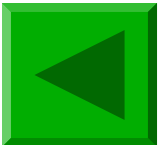
# Question 1

Medicare does not cover pulmonary rehabilitation programs because there is not a specific benefit category for such programs at this time.

True

False

**That is not correct, please try  
again.**



This answer is true, Medicare does not cover PR programs because there is not a specific benefit category for this. Please refer to slide 4.

# Question 2

Every patient that participates in pulmonary rehab services will need physical and occupational therapy services.

True

False

This answer is false: These services should only be provided if medically reasonable and necessary, and should not be a duplication or overlap of other services. Please refer to slide 7

# Question 3

Pulmonary Function Tests (PFT's) are required to be performed within 1 year of initiating pulmonary rehab services.

True

False

This answer is true. PFT's are required to be performed within 1 year of initiating PR services.

PFT's must also meet the clinical indications of coverage. Please refer to slides 5 and 16

# Question 4

The primary goal of pulmonary rehab services is to transfer the responsibility of care from the clinic, hospital, or doctor to self care in the home by the patient, the patient's family, or the patient's caregiver.

True

False

This answer is true. The primary goal is to transfer the responsibility of care to the patient, family or caregiver so the patient can continue PR at home. Please refer to Slide 6

# Question 5

The endpoint of treatment is when the patient achieves maximal exercise tolerance or stabilizes.

True

False

This answer is False. The endpoint of treatment is when the patient or his/ her attendant is able to continue the PR at home. Please refer to slides 6 and 9

# Question 6

A duplication or direct overlap of services between respiratory therapy, physical therapy and/or occupational therapy is an acceptable standard of practice.

True

False

**This answer is false. Each clinician is expected to provide skilled treatment that reflects their own unique skills and knowledge without exceeding the patient's skilled care needs and without duplication of services. Duplication of services may result in denial of services billed.**

**Please refer to slide 7**

# Question 7

Pulmonary rehab services would not be considered reasonable and necessary for someone with an acute and/or unstable respiratory condition or disease.

True

False

This answer is true. PR services are considered reasonable and necessary for someone with chronic but stable respiratory system impairment that is under optimal medical management.

Please refer to Slide 5

# Question 8

Respiratory therapists can bill RT/PT or OT CPT codes for the services they provided.

True

False

This answer is false. RT's cannot bill using the PT/OT CPT codes. Only services provided by physical and occupational therapists can be billed using these codes. Please refer to slide 10

# Question 9

- **Patients should be discharged from pulmonary rehab services when treatment goals are achieved, or the patient reaches maximum medical benefit.**

True

False

**This answer is true. Patients should be discharged from PR services when goals are achieved or maximum medical benefit is reached. Ongoing medical care is the responsibility of the primary care physician. Please refer to Slide 9**

# Question 10

Patients who have not quit smoking should be considered good candidates for pulmonary rehab services.

True

False

**This answer is false. Patients who continue to smoke do not exhibit good rehab potential or motivation and would not be considered good candidates for PR services. Please refer to slide 15**

# Thank you, you have completed the Knowledge Check.

Would you like to take another CBT?

Yes, let's get started.

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