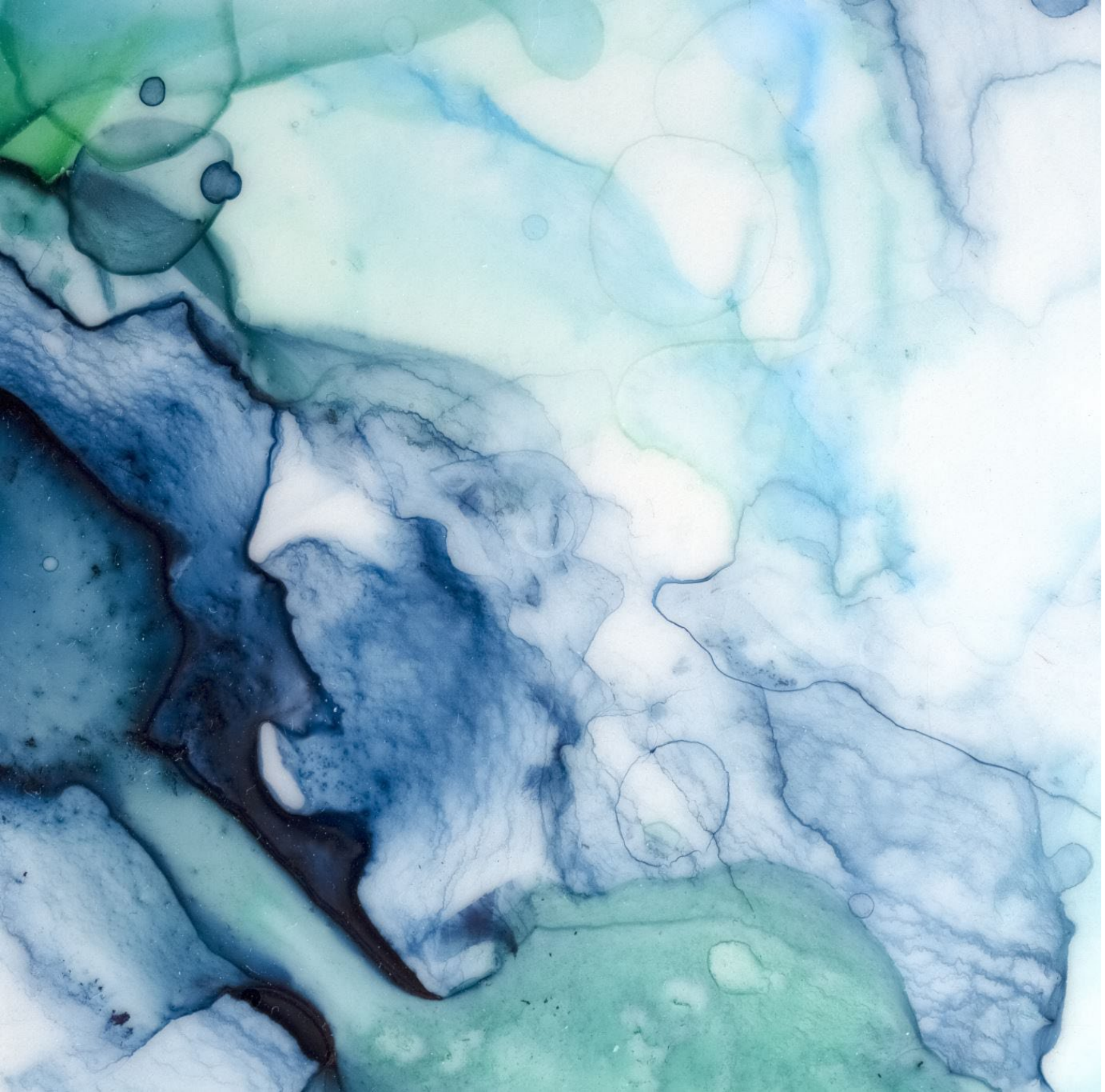

Ins and Outs of Pulmonary Rehab

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Objectives

- Understand why pulmonary rehab is important.
- Describe CMS requirements.
- Understand key components to pulmonary rehab.

What Is Pulmonary Rehab?

- Per the 2013 American Thoracic Society/European Respiratory Society: "Pulmonary rehabilitation is a comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to, exercise training, education, and behavior changes, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviors" (AACVPR)

Why is Pulmonary Rehab Important?

- COPD is the fourth leading cause of death in the United States.
- By 2030, according to the WHO, COPD will be the third leading cause of death worldwide.
- It is proven that pulmonary rehab is an essential tool in the treatment and management of COPD.
  - “There is level 1 evidence supporting the benefits of pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD), including improved exercise capacity, reduced dyspnea, enhanced health-related quality of life, and reduced hospital admissions” (AACVPR)
  - The rural areas of Western Kansas are grossly underserved.

CMS Requirements for Rehab

- Services must be done by a qualified clinician:

  Physician, NPP (Mid Level), RT, PT, OT, or a supervised PTA or OTA

  - The program is tailored to meet the individuals needs based on a thorough assessment.
  - Rehab has a level of complexity that it requires a qualified clinician to perform
  - It is medically reasonable and necessary for the treatment of a patients acute/exacerbated pulmonary issue.
  - No longer need to have physician check in.

Medicare Requirements

- Medicare will pay for a maximum of 2 one-hour sessions per day, for up to 36 sessions for up to 36 weeks for Pulmonary Rehabilitation services when documentation supports that **all** of the following program requirements are met:
- Physician has ordered and prescribed exercise and aerobic exercise combined with other types of exercise (such as conditioning, breathing retraining, step, and strengthening) as determined to be appropriate for individual patients by a physician and is provided at each treatment session.
- An individualized plan of care plan detailing how components are utilized for each patient is initially established by the physician as well as reviewed and signed by the physician every 30 days.

Medicare Continued

- Services must be provided only in the following place of service: physician's office, off-campus outpatient hospital or an on-campus outpatient hospital.
- All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times when program services are being furnished.
- Physicians acting as the supervising physician must possess all of the following:
    - Expertise in the management of individuals with respiratory pathophysiology.
    - Cardiopulmonary training in basic life support or advanced cardiac life support.
    - Be licensed to practice medicine in the State in which the PR program is offered.

Medicare Continued

- Education or training that is closely and clearly related to the individual's care and treatment which is tailored to the individual's needs and assists in achievement of goals toward independence in activities of daily living, adaptation to limitations and improved quality of life. Education must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling. The education requirement is not met by:
  - Handing out a booklet, "How to Stop Smoking with no additional follow-up."
  - Having the patient take an assessment at the beginning and end of the program.
  - Documenting sporadic and/or vague instruction provided e.g., "discussed self-management techniques."

Medicare Continued

- Psychosocial assessment and reassessment must be thorough and occur at periodic intervals. This includes evaluation of an individual's mental and emotional functioning as it relates to the individual's rehabilitation or respiratory condition, an assessment of those aspects of an individual's family and home situation that affects the individual's rehabilitation treatment, and psychosocial evaluation of the individual's response to and rate of progress under the treatment plan.
- Significant outcomes assessment with clinical measures (initial/ending) must be evident in the medical record. This includes evaluations based on patient-centered outcomes, objective clinical measures of exercise performance and self-reported measures of shortness of breath and behavior

CPT Codes

- Effective January 1, 2022, the CPT code for rehab, G0424, was replaced with 94625 and 94626.
- 94625-Use with patients who do NOT use continuous oximetry
- 94626-Use with patients that use continuous oximetry.
- These codes can ONLY be used with patients that have moderate to very severe COPD. (GOLD classifications II, III, and IV) or post COVID.
- So, what do we do with the other patients that have pulmonary issues?

Outpatient Respiratory Services CPT Codes

- G0237 and G0238-Individual Respiratory Services
- G0239- Group Respiratory Therapy
- Charged in 15-minute increments.
- G0239 must be used if there are two or more pulmonary patients.
- Diagnosis usually covered can include but are not limited to:

    Asthma, PHTN, kyphoscoliosis, bronchiectasis, lung transplant, hypoventilation syndrome, etc.

Always get a prior authorization to ensure coverage.

Charges and Reimbursement

- Reimbursement for pulmonary rehab is terrible.

  94625/94626: Payment 56.85

  G0237/G0238: Payment 25.23 (15-minute increments)

  G0239: Payment 34.57

  How do we as clinicians change this?

  Advocacy and setting our charges correctly.

  Charges are umbrella charges for pulmonary rehab: everything is included, we cannot bill for separate services such as O2 or the 6MWT.

  If we continue to undercharge for our services, CMS will not increase reimbursement.

Setting Charges

- Everything must be included when setting charges.
- Payment won't exceed the MAP, but it will help with reimbursement.
- Use provided tools from the AARC and AACVPR

  AARC has great tools for clinicians starting or even improving their programs.

  Pulmonary Rehabilitation (PR) Reimbursement Toolkit gives clinicians the how to on setting charges. https://www.aarc.org/wp-content/uploads/2013/07/pr_toolkit.pdf

Individual Treatment Plan (ITP)

- Must be completed and signed every 30 days.
- One of our most important tools in tracking patient progress.
- Can be filled out as the patient progresses.
- Include any issues or achievements patient has met.
- Give recommendations to the doctor.
- Use to track patient goals.

Patient Goals and Outcomes

- Goal setting is a key component to rehab.
- When initial session is done, ask the patient what they want to get out of rehab.
- Ask open ended questions.
- Make sure they are measurable. Example, I want to be able to walk for 20 minutes without stopping versus I want to feel better.
- 6MWT, St Georges Questionnaire, Rate your Plate, MMRC, CAT.

Do pre/post rehab to see changes/outcomes.

Nutrition

- Nutrition education is pivotal for pulmonary patients.
- We usually see two types of patients, underweight or overweight.
- Weight loss or weight gain can and does play a part in our patient's long-term progress.
- Reach out to your facilities dietician.
- Make referrals.
- Help your patient meet their goals.
- Weigh patient weekly.

Medications

- Go through all medications with patient.
- Ensure patient knows how to take properly.
- Use incheck dial if patient is on inhalers.
- Make recommendations if needed to provider.

Smoking Cessation

- Patient needs to be willing to at least listen.
- If a current smoker, education should be done each session.
- Free sources available. KanQuit, American lung association, copd.org, etc.
- Refer patient to provider for medications if patient is willing.
- Encourage patient. Try not to nag.

Breathing Techniques and Bronchial Hygiene

- Pursed Lip Breathing-chair yoga
- EzPAP and theraPEP
- Pinwheels
- Huff coughing
- Mucous clearance.
- I utilize a video from copd.org for my patients. Excellent teaching and hands on for patients.

Strengthening

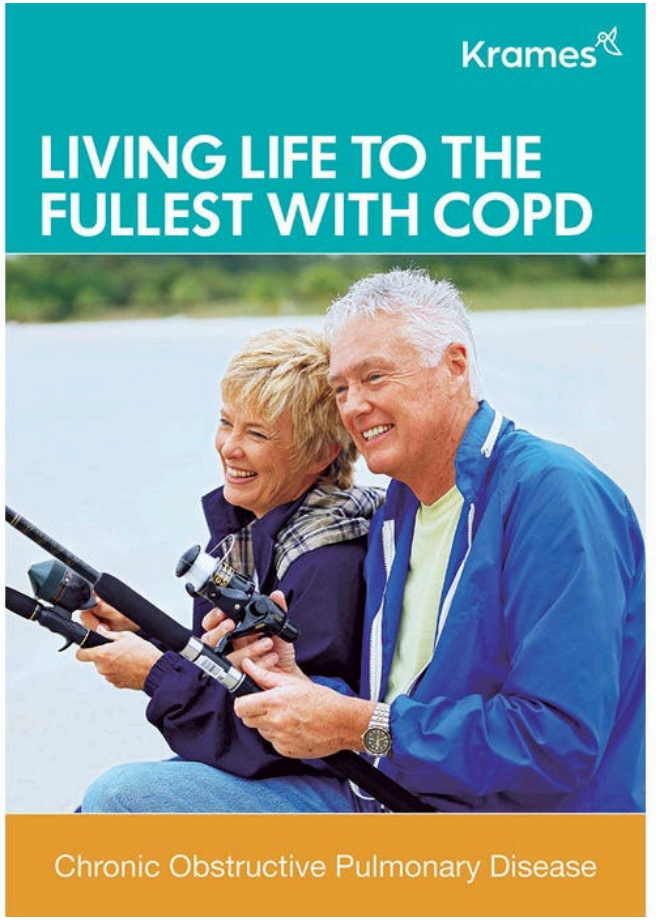
- Exercise training of the arms is very beneficial in patients with chronic lung disease. (AACVPR).
- Arm elevation is associated with high metabolic and ventilatory demand which makes doing certain ADL's and chores hard, if not impossible to do.
- Free weights, resistance bands, chair yoga.
- Arm ergometer
- Teaching patient new ways to do everyday tasks.
- Work smarter, not harder
- Utilize OT. Co-treat or refer patient to OT/PT.

Psychosocial and Stress

- Rehab is all encompassing and mental health is an essential part to a complete rehab program.
- Approximately 40% of COPD patients present with depression. (AACVRP)
- PHQ-9 form. Encourage patient to be honest.
- Its our job to really listen to patient to ensure their mental health needs are being met.
- Refer patient to counseling if needed and patient is open to it.
- Reach out to medical director and PCP with concerns.
- Patient needs to be screened monthly (30-day ITP).
- Teach stress management.
- Ask open ended questions. In my experience patients are not very truthful in the beginning.
- Utilize things you're already teaching such as yoga and PLB.
- Try different techniques. I.e., journaling, prayer, etc.
- Refer patient to PCP if you feel they need more help than can be provided in rehab.
- COPD patients have a 36% prevalence rate of experiencing anxiety and other pulmonary patients have a 32% prevalence rate. (AACVPR)

Education

- Disease Specific
- Disease management
- Exacerbation tracking
- Nutrition
- Oxygen
- Medications
- Several resources available.



COVID and Pulmonary Rehab

- Suspected or confirmed COVID
- Experiencing persistent symptoms for greater than 4 weeks
- Hospitalization for COVID and PFT are not required. (I recommend having patient get a PFT anyway)
- Providers must use appropriate diagnosis codes: No acute codes
- Use KX modifier if patient has already done pulmonary rehab for another diagnosis.

Special Considerations

- PFT's: COPD patients must have at least one PFT on file. If it is over a year old, I suggest having a new one done.
- Home health and rehab-yes it can be done together.
- If more sessions are needed, it can be done but may the force be forever in your favor.
- Utilize stage 3 pulmonary rehab.
- Each patient is different, and their rehab program needs to be tailored to their needs.
- Find out what works best for you and the patient.
- Be patient.
- Have fun.

Conclusion

- Pulmonary Rehab plays an important role in the management of chronic lung conditions.
- While reimbursement is not what we want, it is still worth having a program.
- ADVOCATE for change.
- Contact your state and national respiratory leaders. Help make change happen.

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