

# Local Coverage Article: Pulmonary Rehabilitation Services (A56152)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

---

## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01111 - MAC A	J - E	California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01311 - MAC A	J - E	Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

[Back to Top](#)

---

## Article Information

### General Information

**Original Article Effective Date**  
10/08/2018

**Revision Effective Date**  
N/A

**Article ID**

**Article Title**

Pulmonary Rehabilitation Services

**Retirement Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT only copyright 2002-2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

**Article Guidance****Article Text:**

We are providing clarification of coverage and documentation requirements for pulmonary rehabilitation services based on Noridian medical review findings. Pulmonary rehabilitation services are covered by Medicare as either: a) Individual component services when medical necessity requirements are met or as; b) Pulmonary Rehabilitation Program services when specific program requirements are met.

**Individual Components**

These services must be provided by a qualified clinician, i.e., physician, non-physician practitioner (NPP), respiratory therapist (RT), physical therapist (PT), occupational therapist (OT) or appropriately supervised/qualified therapist assistant (physical therapist assistant (PTA) or occupational therapist assistant (OTA)). One or more individual pulmonary rehabilitation components are payable when the documentation supports that the service is:

- Non-programmatic and tailored to meet the individual patient's specific needs based on a thorough evaluation.
- Not at a maintenance level of care and could not reasonably be completed by non-skilled individual(s) with appropriate training.
- Medically reasonable and necessary for the treatment of an individual patient's acute/exacerbated pulmonary condition.

These services should be billed as follows:

- Use HCPCS G0237-G0239
  - Services are provided under a physician plan of care by incident-to staff or RT. Note: Incident-to services cannot be provided by a PTA and/or OTA.
  - Inclusive services that are not separately billable include - pulse oximetry, counseling, education, and the 6-minute walk test.
  - Therapy modifiers and revenue codes should not be coded (GP/GO and 42x/43x).
- Use CPT® 97xxx Codes

- Services are provided under a therapy plan of care by a physician/NPP/incident-to or by PT or OT.
- Inclusive services that are not separately billable include - pulse oximetry, counseling, education, and the 6-minute walk test.
- Therapy modifiers and revenue codes should be coded as applicable, GP/GO and 42x/43x).

### **Pulmonary Rehabilitation Programs - effective on or after January 1, 2010**

All requirements of the CMS Internet Only Manual (IOM) *Medicare Benefit Policy Manual*, Publication 100-02, [Chapter 15, Section 231](#) and IOM *Medicare Claims Processing Manual*, Publication 100-4, [Chapter 32, Section 140.4](#) and National Coverage Determination (NCD) [Pulmonary Rehabilitation Services 240.8](#) must be fulfilled.

Programs must provide a comprehensive, evidence-based multidisciplinary intervention for patients with chronic respiratory impairment. Medicare will pay for up to 2 one-hour sessions per day, for up to 36 lifetime sessions (in some cases, up to 72 lifetime sessions) for Pulmonary Rehabilitation Program services when documentation supports that all of the following program requirements are met:

- Patient has a diagnosis of moderate to very severe chronic obstructive pulmonary disease (COPD) or other condition.
- Physician has ordered and prescribed exercise and aerobic exercise is provided at each treatment session.
- An individualized plan of care is initially established by the physician as well as reviewed and signed by the physician every 30 days.
- Program services are physician-supervised with documentation supporting initial direct patient contact prior to treatment and at least one direct contact within each 30-day period.
- Services must be provided only in the following place of service (POS): 11 (physician's office) or 22 (hospital outpatient). All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times when program services are being furnished.
- Formal education must be thorough and ongoing with appropriate follow-up. 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."
- Psychosocial assessment and reassessment must be thorough and occur at periodic intervals.
- Significant outcomes assessment with clinical measures (initial/ending) must be evident in the medical record.

Pulmonary Rehabilitation Program services should be billed using HCPCS G0424, including exercise and monitoring. Units must be based on time elements that are supported in the documentation. Therapy modifiers (GN/GO/GP) and revenue codes (42x/43x) should not be coded.

#### **Sources:**

- **Social Security Act (SSA) 1862(a)(1)(A);**
- **42 Code of Federal Regulations (CFR), Part 410, Subpart B, Sections 410.17, 410.26, 410.27, 410.47;**
- **National Coverage Determination 240.8;**
- **IOM Medicare Benefit Policy Manual, Publication 100-02, Chapter 12, Section 40.5 and Chapter 15, Sections 220-230, 230.5, 231;**
- **IOM Medicare Claims Processing Manual, Chapter 5, Section 20(C) and Chapter 32, Section 140.4;**
- **CMS Medlearn Matters MM6823-Revised**

[Back to Top](#)

---

## **Coding Information**

#### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

#### Group 1 Codes:

Group 1 CPT/HCPCS Code	Group 1 CPT/HCPCS Code Description
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE, EACH 15 MINUTES (INCLUDES MONITORING)
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE, FACE TO FACE, PER 15 MINUTES (INCLUDES MONITORING)
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO OR MORE INDIVIDUALS (INCLUDES MONITORING)

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

[Back to Top](#)

---

## Revision History Information

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

**Public Version(s)** Updated on 09/27/2018 with effective dates 10/08/2018 - N/A [Back to Top](#)

---

## Keywords

- Pulmonary
- Rehabilitation
- Programs
- Individual Components
- NCD 240.8
- G0237
- G0238
- G0239

Read the [Article Disclaimer](#) [Back to Top](#)