PULMONARY REHAB
& RESPIRATORY
SERVICES
UPDATE 2022

Pulmonary Rehab Procedure Codes

- As of 1/1/2022, there are two **new** billing codes for Pulmonary Rehabilitation (G0424 is retired as of 12/31/21)
  - 94625 – Outpatient pulmonary rehabilitation ***without*** continuous oximetry monitoring (per session)
  - 94626 – Outpatient pulmonary rehabilitation ***with*** continuous oximetry monitoring (per session)
  - Both codes represent a 60-minute session
    - One session is when the patient is in the facility 31 minutes or greater (NOT exercise duration)
    - Two sessions is when the patient is in the facility 91 minutes or greater (first session must equal 60 minutes, second session 31 minutes)
    - Exercise **DOES** need to happen in each session

Pulmonary Rehab Covered Diagnoses

- COPD – Moderate, Severe, Very Severe Obstruction according to GOLD Guidelines on PFT (required to enroll)
- Post-COVID-19 Condition
  - Must have confirmed or suspected COVID-19 AND
  - Experience persistent symptoms that include respiratory dysfunction for a least four weeks
    - Hospitalization is NOT required
    - A positive COVID-19 test is NOT required
    - PFTs are NOT required for COVID-19 diagnosis only
- Session Limits for Pulmonary Rehab remain 72 lifetime sessions

- **Regardless of diagnosis used**
- **Codes 94625 & 94626 REPLACE G0424 (this is not a new service)**

Pulmonary Rehab & COVID-19

COVID-19 (Post)		*Must include COVID-19 Condition code as 2nd Code when using ANY of the codes below*
Post-COVID-19 Condition / Long Hauler	**U09.9**	**Post-COVID-19 Condition; COVID-19 long hauler; Chronic post-COVID-19 Syndrome; Post-COVID-19 Syndrome**
COVID-19 Long Hauler - Dyspnea	R06.09	COVID-19 long hauler manifesting chronic dyspnea; Post-COVID-19 long hauler manifesting chronic Dyspnea
COVID-19 Long Hauler - Chronic Cough	R05.3	COVID-19 long hauler manifesting chronic Cough; Post-COVID19 long hauler manifesting as chronic Cough
Chronic Respiratory Failure	J96.1	Chronic Respiratory Failure
Pneumonia due to coronavirus disease	J12.82	Pneumonia due to coronavirus disease
Multisystem inflammatory syndrome	M35.81	Multisystem inflammatory syndrome
Acute Respiratory Distress Syndrome	J80	Acute Respiratory Distress syndrome
Viral Cardiomyopathy	B33.24	Viral Cardiomyopathy

Code first: the specific condition (or symptom) related to COVID-19 if known, such as:

- **J96.1** – Chronic respiratory failure
- **J12.82** – Pneumonia due to coronavirus disease
- **M35.81** – Multisystem inflammatory syndrome
- **J80** – Acute respiratory distress syndrome

Code second: U09.9 – Post COVID-19 condition

Outpatient Respiratory Services Procedure Codes

- AKA Respiratory Therapy Rehab or Respiratory Therapy Services
- Procedure Codes – G0237, G0238; 1:1, 15-minute increments
  - *G0237:* "Therapeutic procedures to increase strength and endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)." Examples of use of this code might include: training in safe use of all modes of exercise, training in proper technique performing strength training, training in breathing strategies, training in inspiratory muscle training (IMT) in select patients who may benefit from IMT. The training is performed between one staff person and one patient in a face-to-face situation.
  - *G0238:* "Therapeutic procedures to improve respiratory function, other than ones described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)." This may involve a variety of activities, including teaching patients strategies for performing tasks with less respiratory effort including ADLs, airway clearance strategies, stair climbing, or other activities to improve functional capacity. This also requires the training to be performed between one staff person and one patient in a face-to-face situation.

Outpatient Respiratory Services Procedure Codes

- Procedure Code: G0239 – Group Exercise
  - *G0239*: "Therapeutic procedures to improve respiratory function, two or more patients treated during the same period, face-to-face, (includes monitoring)." This may involve a variety of activities similar to those listed under G0238, particularly group exercise. G0239 is not a timed code; it is billed once per day only.
  - **REMEMBER:** when you are billing G0237, G0238 on the SAME DAY as you bill G0239, make sure that you are CLEARLY DOCUMENTING the service provided and the time spent performing EACH service. Make sure that you are NOT billing for a service that is included in G0239 (see above)

Outpatient Respiratory Services Procedure Codes

- Avoid calling these programs “COPD” and “non-COPD”
  - Commercial payors frequently accept additional diagnoses in PR or RTS
  - Starting in 2022, Medicare will allow COPD *and* Post COVID-19 diagnoses (when accompanied by U09.9) in PR
- Do NOT restrict yourself by using Medicare guidelines for all patient referrals
  - Commercial payors are typically much more inclusive
  - Become familiar with the most common insurers in your area

Outpatient Respiratory Services Covered Diagnoses

- General criteria for participation in Outpatient Respiratory Services:
  - Diagnosed with a *chronic* respiratory disease
  - Increased health care utilization (ED visits, hospitalizations)
  - Continued symptoms despite medical therapy
  - Functional limitations
  - Quality of life impairment
- If a patient does not meet PR criteria, they will likely be appropriate for Outpatient Respiratory Services
- Medicare patients with mild, symptomatic COPD could participate in Outpatient Respiratory Services

6MWT Rules

- The 6-minute walk test, when provided by Rehab Staff, ***cannot be individually billed*** in either Pulmonary Rehab or Outpatient Respiratory Services
- It is ***"part of" both of these services*** – if it is being performed by rehab staff and submitted by the pulmonary rehab department it ***is not separately billable***
- **Only IF the 6MWT is ordered separately, performed by another department and billed in another department**, would separate billing for the 6MWT be allowed

Direct Physician Contact for PR

- Physician Direct Patient Contact – "Eyes-on Patient"
- CMS has removed this requirement effective 1/1/2022 – **FINALLY!**
- CMS agreed with the AACVPR (and other organizations) who believe this was redundant
- Medical Directors currently oversee patients, review 30-day ITPs,
- and provide direct patient (face-to-face) contact as needed
- PR staff evaluate patients and track their progress every session
- PR staff identifies the need for direct contact with physician when appropriate

Initial ITP – New Guidelines

- Only one physician signature is necessary
- This can be a referring MD, one of patient's other MDs, MD working in rehab dept, or medical director
- **Not** billable by hospital outpatient CR/ICR/PR program
  - Reimbursed **to a physician** if this first ITP is completed and billed by a physician during a **separate Evaluation & Management (E/M) visit**
  - Physician selects which E/M code best represents the level of work provided at this visit
  - E/M codes are **available only to physicians for this service**
  - NPPs are **not eligible** to bill for this initial ITP
- *CMS intention* is to reduce burden on program and lessen potential delay in enrollment

Non-Physician Practitioners (NPPs) Referring and Supervising PR-RTS

- Currently, NPPs ***CAN NOT*** order or supervise for CR or PR. Make sure that your orders are signed or co-signed by a physician (MD or DO).
- NPPs will be allowed to order & supervise CR-PR in **January 2024** (per BBA of 2018)
  - Unless HR 1956 passes to allow earlier effective date (asking for early 2022)

Questions?
Reach out anytime!

AACVPR MAC J-F Task Force Representatives

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