

What's New on the Reimbursement Front

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As you are aware, government changes regarding rules & regulations for both Cardiac Rehab & Pulmonary Rehab having been brewing for a while. The rules have been finalized by CMS & have been published. At this writing, the current LCD for both Cardiac & Pulmonary Rehab are still in affect, but may be revised in the near future by J4 MAC (Trailblazer). I urge you to browse the Trailblazer website frequently (www.trailblazerhealth.com) for any changes to the Cardiac and Pulmonary LCD.

CARDIAC REHAB

Changes:

- A session must last a minimum of 31 minutes before a charge is generated. Does not mean the exercise must last 31 minutes.
- CPT code 93797 has been added. (Code has been on the LCD, but some MACs weren't reimbursing).
- Multiple sessions/day allowed, but not required: one 93798 and one 93797 session or two 93798 sessions, time must add up to 91 minutes.
- Minimum one session/week / 36 week time frame to complete program
- Medical Director & Supervising Physician
 - May be same person
 - May be different physicians
 - Supervising MD doesn't have to be same person each day
 - CMS allow flexibility on how CR programs provide MD coverage

& involvement

- CMS silent on "area set apart for the exclusive use of CR while program is in session."

Not changed:

- Physician immediately available & accessible at all times program operating, however does not have to be in the room. CMS does not define immediately available by time parameter
- Same diagnoses
- May come more than 3x/week

PULMONARY REHAB

Changes:

- A session must last a minimum of 31 minutes before a charge is generated. Does not mean the exercise must last 31 minutes.
- On January 1, 2010 only providing COPD diagnosis for PR.
- New revenue code 0948.
- GOLD criteria for COPD diagnosis:
 - moderate E FEV1/FVC < 70% w/ an FEV1 \leq 50 - <80%
 - severe E FEV1/FVC < 70% w/ an FEV1 \leq 30 - <50%
 - very severe E FEV1/FVC < 70% w/ an FEV1 < 30% *or* FEV1 < 50% w/ chronic respiratory failure
- Group session using GO424
- You can bill GO424 twice in one day making 2 sessions, but time must add up to 91minutes.
- Cannot chg 6MWT, or spirometry. Physician can chg spirometry.
- 36 sessions, no calendar restriction on length of program, no restriction on # of days attendance
- CMS silent regarding PR & CR sharing room
- Physician immediately available & accessible at all times program operating, however does not have to be in the room. CMS does not define immediately available by time parameter
- Medical Director & Supervising Physician
 - May be same person
 - May be different physicians
 - Supervising MD doesn't have to be same person each day
- Physician Medical Director must sign off on ITP (Individualized Treatment Plan) initially & every 30 days
- Outcomes assessment: written evaluation beginning & end based on patient centered outcomes conducted by physician; clinical measures of effectiveness included, eg, measures of SOB, performance behavior

Not changed:

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- Non-COPD diagnosis outside of COPD can still be used while current LCD in effect
 - If non-COPD diagnosis: one-on-one, every 15 minutes using chg GO237, GO238, grp chg GO239