



Related MLN Matters Article #: MM5834

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Related CR #: 5834

Pulmonary Rehabilitation Services

Key Words

MM5834, CR5834, R78NCD, NCD, Pulmonary, Rehabilitation, CORF, Hospital, Outpatients

Provider Types Affected

Physicians, providers, and suppliers who submit claims to Medicare Carriers, Fiscal Intermediaries (FIs), Regional Home Health intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for pulmonary rehabilitation services to Medicare beneficiaries

Key Points

- The effective date of the instruction is September 25, 2007.
- The implementation date is January 7, 2008.
- The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5834 detailing the decision regarding a national coverage determination (NCD) for pulmonary rehabilitation services.
- Effective with dates of service on and after September 25, 2007, Medicare contractors will continue to process claims for pulmonary rehabilitation services using their local coverage determination process or case-by-case adjudication. No changes to process or policy are made with CR5834.

Background

- Currently, CMS does not cover pulmonary rehabilitation as a single entity. There is a limited benefit for some pulmonary rehabilitation services provided in a comprehensive outpatient rehabilitation facility (CORF).
- Certain components of pulmonary rehabilitation may fall under other existing benefit categories and may be provided independently outside of a CORF.
- On November 15, 2006, CMS received a request for a national coverage determination that would address components of pulmonary rehabilitation services in the hospital outpatient, physician office, and CORF settings.

- CR5834 communicates the findings that resulted from that request. To see the complete analysis, providers may visit http://www.cms.hhs.gov/mcd/viewnca.asp?where=index&nca_id=199 on the CMS website.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5834.pdf> on the CMS website.

The official instruction (CR5834) issued regarding this change is at <http://www.cms.hhs.gov/Transmittals/downloads/R78NCD.pdf> on the CMS website. The actual revision to the *National Coverage Determination Manual* containing this NCD is attached to CR5834.

If providers have questions, they may contact their Medicare A/B MAC, carrier, FI, DME MAC or RHHI at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.