



News Flash - A new preventive services brochure entitled *Cancer Screenings*, ICN# 006434, is now available on the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN). This tri-fold brochure provides health care professionals with an overview of Medicare's coverage of the following screening services: mammography, colorectal, prostate, Pap test, and pelvic exam. The brochure is available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Cancer_Screening.pdf on the CMS website.

MLN Matters Number: MM5834

Related Change Request (CR) #: 5834

Related CR Release Date: December 5, 2007

Effective Date: September 25, 2007

Related CR Transmittal #: R78NCD

Implementation Date: January 7, 2008

Note: This article was updated on September 25, 2012, to reflect current Web addresses. All other information remains the same.

Pulmonary Rehabilitation Services

Provider Types Affected

Physicians, providers, and suppliers who submit claims to Medicare contractors (carriers, fiscal Intermediaries (FIs), regional home health intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and DME Medicare Administrative Contractors (DME MACs)) for pulmonary rehabilitation services to Medicare beneficiaries.

Impact on Providers

The Centers for Medicare & Medicaid Services (CMS) issued 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

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services using their local coverage determination (LCD) 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. However, there is a limited benefit for some pulmonary rehabilitation services provided in a comprehensive outpatient rehabilitation facility (CORF). Also, 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 resulting from that request. To see the complete analysis, visit <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx> on the CMS website.

Additional Information

You may see the official instruction (CR5834) issued to your Medicare Carrier, A/B MAC, FI, DME MAC or RHHI by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/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 you have questions, please contact your Medicare A/B MAC, carrier, FI, DME MAC or RHHI at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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