



Pulmonary Rehabilitation (PR) Services Addition to Chapter 19, Indian Health Services (IHS)

MLN Matters Number: MM10276

Related Change Request (CR) Number: 10276

Related CR Release Date: October 27, 2017

Effective Date: For dates of service on or after January 1, 2010

Related CR Transmittal Number: R3897CP

Implementation Date: April 2, 2018

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for physicians and other providers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries in the Indian Health Service (IHS).

PROVIDER ACTION NEEDED

Effective January 1, 2010, MACs will pay medically necessary IHS claims containing Healthcare Common Procedure Coding System (HCPCS) code G0424 (Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day) when billing for Pulmonary Rehabilitation (PR) services, including exercise and monitoring.

BACKGROUND

PR is a multi-disciplinary program of care for patients with chronic respiratory impairment. It is an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities; and is individually tailored and designed to optimize physical and social performance and autonomy.

The Medicare Improvements for Providers and Patients Act of 2008 (MIPPA) added payment and coverage improvements for patients with chronic obstructive pulmonary disease and other conditions, and now provides a covered benefit for a comprehensive PR program under Medicare Part B effective January 1, 2010. This law provides a single PR program, which was codified in the Medicare Physician Fee Schedule (MPFS) final rule at 42 Code of Federal Regulation (CFR) 410.47, which you can find at <https://www.gpo.gov/fdsys/granule/CFR-2010-title42-vol2/CFR-2010-title42-vol2-sec410-47>.

CR10276 provides that, effective January 1, 2010, MIPPA provisions added a physician–

supervised, comprehensive PR program, which includes the following mandatory components:

1. Physician-prescribed exercise
2. Education or training
3. Psychosocial assessment
4. Outcomes assessment
5. An individualized treatment plan

As specified at 42 CFR 410.47(f), pulmonary rehabilitation program sessions are limited to a maximum of two (2) one (1)-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions if medically necessary.

Effective January 1, 2010, IHS providers are paid, for PR services, separately from the All Inclusive Rate (AIR). Your MACs will pay IHS claims for PR services containing HCPCS code G0424 and revenue code 0948 (Pulmonary Rehabilitation Services) on Types of Bill (TOB) 12X (Hospital Inpatient Part B) and 13X (Hospital Outpatient) under the Medicare Physician Fee Schedule (MPFS), and TOB 85X (Critical Access Hospital Outpatient) based on reasonable cost. These services are paid separately from the All Inclusive Rate.

MACs will accept the inclusion of the KX modifier on the IHS claim lines as an attestation that further treatment beyond the 36 sessions is medically necessary up to a total of 72 sessions for a beneficiary. PR services may be billed on IHS claims with or without a clinic visit. MACs will deny your PR claims that exceed 72 sessions.

ADDITIONAL INFORMATION

The official instruction, CR10276, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3897CP.pdf>. You will find the revised "Medicare Claims Processing Manual," Chapter 19 (Indian Health Services), Sections 100.11 as an attachment to the CR.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

DOCUMENT HISTORY

Date of Change	Description
November 1, 2017	Initial article released.

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