Conditions of Coverage for PR Programs

Pulmonary Rehabilitation (PR) is a physician-supervised program for chronic obstructive pulmonary disease (COPD) and certain other chronic respiratory diseases designed to improve physical and social performance and autonomy.

Part B covers PR for patients:

- With moderate to very severe COPD (defined as GOLD classification II, III, and IV) when referred by the physician treating the chronic respiratory disease
- Who’ve had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least 4 weeks

What’s Included in the Program?

PR programs must include all of the components listed below:

<table>
<thead>
<tr>
<th>Required Component</th>
<th>What’s Included in the Component?</th>
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<tbody>
<tr>
<td>Physician-prescribed exercise</td>
<td>Aerobic exercise combined with other types of exercise (for example, conditioning, breathing retraining, step, and strengthening) a physician finds appropriate for patients during each PR session. &lt;br&gt; <strong>Note:</strong> We haven’t established the shortest length of time a patient must exercise. This is part of the individualized treatment plan explained below. If you give more than 1 PR session in 1 day, each session must include physician-prescribed exercise.</td>
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<td>Education or training</td>
<td>Education or training that’s closely related to the individual’s care and treatment and helps to achieve goals of independence in activities of daily living, adaptation to limitations, and improved quality of life.&lt;br&gt;Education must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling.</td>
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<td>Psychosocial assessment</td>
<td>An evaluation of an individual’s mental and emotional functioning related to the individual’s rehabilitation or respiratory condition, including:&lt;br&gt;• An assessment of those aspects of an individual’s family and home situation that affects the individual’s rehabilitation treatment&lt;br&gt;• A psychosocial evaluation of the individual’s response to and rate of progress under the treatment plan</td>
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Effective January 1, 2022, CMS updated 42 CFR 410.47 to codify coverage of PR programs to include Medicare patients who’ve had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least 4 weeks.
PR programs components (continued)

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| Outcomes assessment     | Physician or program staff must perform an evaluation at the beginning and end of the program. These evaluations are based on patient-centered outcomes related to the patient’s rehabilitation. Physicians must consider evaluations conducted by program staff when developing and reviewing individualized treatment plans.  
When performing evaluations, physicians or program staff must use objective clinical measures of the patient’s exercise performance and self-reported measures of shortness of breath and behavior. |
| Individualized treatment plan | A written plan tailored to each patient that includes all the following:  
  • Diagnosis  
  • Type, amount, frequency, and duration of items and services included  
  • Goals  
A physician must establish, review, and sign the individualized treatment plan every 30 days. The plan must detail how each patient uses each PR component. |

PR Program Limits

Medicare limits PR programs to a maximum of 2, 1-hour sessions per day up to 36 sessions for no more than 36 weeks with the option for an additional 36 sessions, over an extended period, if the Medicare Administrative Contractor (MAC) approves.

How to Report PR Sessions

To report 1 PR session in a day, the session must be at least 31 minutes. You may only report 2 PR sessions in the same day if the treatment is at least 91 minutes. In this case, the first session accounts for 60 minutes and the second session accounts for at least 31 minutes. If you give several shorter periods of PR in a single day, add the minutes of service for reporting in 1-hour session increments.

PR Settings & Provider Responsibilities

A patient must get PR in a physician’s office or a hospital outpatient setting.

These settings must have cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment the medical community accepts as medically necessary (for example, oxygen, cardiopulmonary resuscitation equipment, and defibrillator) to treat chronic respiratory disease.
A Supervising Physician must be immediately available and accessible for medical consultations and medical emergencies at all times patients are getting PR items and services. The physician satisfies this provision if they meet the requirements for direct supervision for physician office services specified in 42 CFR 410.26, and for hospital outpatient services as specified in 42 CFR 410.27.

Every PR program must have a Medical Director. This is the physician responsible for the PR program. The Medical Director consults with staff to direct patient progress.

The Medical Director and the Supervising Physician must have all of the following:

- Expertise managing patients with respiratory pathophysiology
- Cardiopulmonary training in basic life support or advanced cardiac life support
- License to practice medicine in the state offering the PR program

**Resources:**

- Medicare Benefit Policy Manual (Pub. 100-02), Chapter 15, section 231
- Medicare Claims Processing Manual (Pub. 100-04), Chapter 32, section 140.4

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