

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 3897</b>	<b>Date: October 27, 2017</b>
	<b>Change Request 10276</b>

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

**I. SUMMARY OF CHANGES:** Effective January 1, 2010, contractors shall pay IHS claims containing Healthcare Common Procedure Coding System (HCPCS) code G0424 when billing for PR services, including exercise and monitoring, as described in Pub. 100-02, Chapter 15.

**EFFECTIVE DATE: January 1, 2010**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 2, 2018**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	19/100.11/A/B MAC (A) – Pulmonary Rehabilitation, Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Payment Policy
N	19/100.11.2/A/B MAC (A) – Pulmonary Rehabilitation Services - Claims Processing

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 3897	Date: October 27, 2017	Change Request: 10276
-------------	-------------------	------------------------	-----------------------

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

**EFFECTIVE DATE: January 1, 2010 - For dates of service on or after**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 2, 2018**

## I. GENERAL INFORMATION

**A. Background:** Pulmonary Rehabilitation (PR) is a multi-disciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy and an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities.

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.

**B. Policy:** Effective January 1, 2010, MIPPA provisions added a physician-supervised, comprehensive PR program, which includes mandatory components: 1) physician-prescribed exercise, 2) education or training, 3) psychosocial assessment, (4) outcomes assessment, and (5) an individualized treatment plan. See the Benefit Policy Manual (BPM), Pub. 100-02, chapter 15 for detailed policy instructions. 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. Contractors shall accept the inclusion of the KX modifier on the claim lines as an attestation by the provider of the service that documentation is on file verifying that further treatment beyond the 36 sessions is medically necessary up to a total of 72 sessions for a beneficiary.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10276.1	Effective January 1, 2010, contractors shall pay IHS claims containing HCPCS code G0424 when billing for PR services, including exercise and monitoring, as described in Pub. 100-02, BPM, chapter 15.	X				X				
10276.2	Contractors shall pay IHS claims for PR services					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	containing HCPCS code G0424 and revenue code 0948 on Types of Bill 13X under MPFS and 85X under reasonable cost. These services are paid separately from the AIR.									
10276.3	Contractors shall pay IHS claims for PR services, which exceed 36 sessions when a KX modifier is included on the claim line.  <b>NOTE:</b> Contractors shall deny PR claims that exceed 72 sessions with current CWF edit.					X				
10276.4	Contractors shall suppress the Medicare Summary Notice (MSN).					X				
10276.5	Contractors shall pay IHS claims for PR services that do not contain a clinic visit. These services may be billed with or without a clinic visit.					X				
10276.6	Contractors shall pay IHS claims containing a clinic visit at the AIR and the PR service shall be paid separately. NOTE: A PR is separate from a clinic visit as it has its own care plan.					X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
10276.7	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare	X				

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	program correctly.					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Yvonne Young, 410-786-1886 or yvonne.young@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 19 – Indian Health Services

### Table of Contents

*(Rev.3897, Issued: 10-27-17)*

100.11 - A/B MAC (A) – **Pulmonary Rehabilitation**, Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Payment Policy

**100.11.2 - A/B MAC (A) – Pulmonary Rehabilitation Services - Claims Processing**

## **100.11 - A/B MAC (A) – *Pulmonary Rehabilitation*, Physical Therapy, Occupational Therapy, Speech-Language Pathology and Diagnostic Audiology Services - Payment Policy**

*(Rev. 3897, Issued: 10-27-17, Effective: 01-01-10, Implementation: 04-02-18)*

Effective January 1, 2006, IHS providers are paid separately from the AIR for physical therapy, OT, speech-language pathology and diagnostic audiology services. Payment for services to IHS providers on TOB 12X or 13X is made based on the MPFS. Payment for services to IHS CAHs on TOB 85X is made based on reasonable cost.

*Effective January 1, 2010, IHS providers are paid separately from the AIR for Pulmonary Rehabilitation services. Payment for services to IHS providers on TOB 13X is made based on the MPFS. Payment for services to IHS CAHs on TOB 85X is made based on reasonable cost.*

### **100.11.2 - A/B MAC (A) – *Pulmonary Rehabilitation Services - Claims Processing***

*(Rev. 3897, Issued: 10-27-17, Effective: 01-01-10, Implementation: 04-02-18)*

*Pulmonary Rehabilitation services are reported on TOB 13X or 85X using revenue code 948 and HCPCS code G0424.*

*No clinic visit shall be billed if a pulmonary rehabilitation service is the only service received. These services may be billed with or without a clinic visit.*

*The MSN is suppressed.*

**Note:** *See Medicare Claims Processing Manual, Chapter 32 – Billing Requirements for Special Services, Section 140.4 for additional billing instructions, frequency editing and limitations.*