

PULMONARY REHABILITATION (PR) REIMBURSEMENT TOOLKIT

**MEDICARE RULES FOR PR BILLING
INSIGHTS TO UNDERSTANDING PR CHARGES**

2022

Are covered by...

B MEDICARE PART B
(Medical Insurance)
If yes, effective date
Month Day Year

A Is the patient presently employed? Yes No

ADDRESS OF COMPANY OR GOVERNMENT AGENCY (Street, City, State and Zip Code)

Describe illness, injury or symptoms requiring treatment. If illness, injury please complete A, B and C.

B TIME
AM PM

C LOCATION
At Home At Work Other Motor vehicle accident If so, what state? Please explain

ATTACH ITEM



TABLE OF CONTENTS

| | |
|---|-------|
| Introduction | 3 |
| Transition to New Codes | 3 |
| Strategies to Address Medicare Payment | 4 |
| Expectations and timelines | |
| Important facts about PR billing, charges and CMS payment - Five key points | |
| Establishing Appropriate Charges | 6 |
| Start with a checklist | |
| Methodology to Calculate a Fair and Reasonable Charge for 94624/94626 | 8 |
| Uncompensated services | 9 |
| Acknowledgements | 9 |
| Appendix (includes information on virtual PR, example of UB 40, references and resources) | 10-21 |

INTRODUCTION

This toolkit has been updated to give hospital-based providers tools, insights, and resources regarding payment for Medicare’s comprehensive pulmonary rehabilitation (PR) benefit implemented by the Centers for Medicare & Medicaid Services (CMS) and new CPT codes for PR that became effective January 1, 2022. It is essential for financial stability and equity that PR charges reflect the complexity of PR services as well as both billable and unbillable costs of comprehensive PR.

OVERVIEW – TRANSITION TO NEW CODES

G0424

When Medicare implemented the pulmonary rehabilitation benefit in 2010, it created a temporary code, G0424, *Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day*, to bill for beneficiaries with moderate, severe, and very severe COPD ([GOLD Guidelines/2022 Report/Page 29](#)). Because there was no data for this newly covered service, CMS estimated payment rates for the first two years until data was obtained from hospital cost reports. Once claims data became available, Medicare set the payment rate ***based on two sources of information provided to CMS by hospitals submitting bills for G0424:***

| METHODOLOGY | PAYMENT RATE | SOURCE |
|---|--------------|---------------------------------------|
| Median Cost | \$150 | Claims data |
| Cost-to-Change Ratio applied to Median Charge | \$57 | Hospital cost reports |

CPT 94625 and CPT 94626

CMS has acknowledged the similarities and parallels between cardiac rehabilitation (CR) and PR. PR reimbursement inequities despite these similarities led a multi-society group of experts to propose new CPT codes that more closely resemble CR codes. Effective January 1, 2022, the new codes are:

- **94625** – *Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)*
- **94626** – *Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)*

Also, effective January 1, 2022, in addition to the stages of COPD noted above, CMS also covers as part of the PR benefit Medicare beneficiaries who have had confirmed or suspected COVID–19 and experience persistent symptoms that include respiratory dysfunction for at least 4 weeks.

CMS will likely continue to set reimbursement rates for the new CPT codes based on the same methodology used to set payment for G0424, which makes **charge review and adjustment** crucial in the pursuit of adequate reimbursement for PR services. The potential for adequate reimbursement can be achieved but only if equitable PR charges and hospital costs are entered on Medicare cost reports.

This toolkit is designed to focus on sources of payment outlined in the chart above as well as the **hospital charge for billing codes CPT 94625 and CPT 94626**. The information provided here is designed to help providers and hospital financial departments carefully consider and include all the services, supplies and equipment used to provide PR under these codes and establish appropriate charges for PR so CMS can set a payment rate moving forward that more closely aligns with CR payment.

Note: HCPCS Codes G0237, G0238 and G0239, which address improving respiratory function or improving strength or endurance of respiratory muscles, are billed as individual components of PR for Medicare beneficiaries who do not have COPD GOLD 2-4 or meet the COVID-19 criteria. These codes are separate from the new CPT codes 94625 and 94626, which are considered bundled, comprehensive codes that reflect a broad base of services that were previously separately billable.

STRATEGIES TO ADDRESS MEDICARE PAYMENT

Expectations and Timelines

Act now! *There are no easy or quick fixes to this payment issue.*

- CMS uses Medicare claims data from the previous year. Previous payment rates for the coming year are typically released in July and finalized in November for the next year.
- It is critical that hospitals act as swiftly as possible to review and adjust their charges for 94625 and 94626 so that claims data submitted to Medicare, which includes a specific column for identification of hospital charges on the UB-04, is accurate.
- Without these adjustment to charges, the payment rate will continue to undervalue the cost of providing comprehensive PR and the complexities of PR patients.

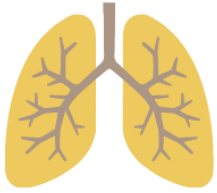
Important Facts about Pulmonary Rehabilitation Billing, Charges and CMS Payment

Although clinicians may feel challenged or overwhelmed by Medicare billing rules, without your involvement, payment is unlikely to accurately reflect the expenses associated with the delivery of PR services. Using the resources provided can help facilitate improved reimbursement and enhance program financial stability. Below are **5 key points** to help providers understand important yet less straightforward aspects of PR billing and charges.



1. LOW CHARGES = LOW REIMBURSEMENT

- PR payment is 50% less than CR because PR providers submit low charges
- Average PR charge per unit = \$200 - \$300, far below cardiac rehab
- Medicare uses an average charge (geometric mean) to define PR payment
- Example: PR mean = \$45 per unit of G0424 vs \$160 for CR despite services being similar



2. PR PATIENTS AND SERVICES ARE COMPLEX

- Disabling symptoms and multiple comorbidities
- Need for supplemental oxygen
- Need for self-management training
- Patient complexities far exceed those of most CR patients



3. A CHARGE IS NOT A CHARGE

- Services are bundled and need to include all *direct* and *indirect* PR costs
- Include PR session PLUS:
 - Cost of assessment
 - 6MWT
 - Staff salary and benefits
 - Training
 - PTO
 - Exercise and monitoring equipment
 - Oxygen
 - AED or crash cart
 - Supplies
 - Medical director
 - LCSW or psychologist
 - IT
 - Marketing
 - Conferencing
 - Housekeeping
 - Administration



4. UNDERSTANDING CHARGES VS. PAYMENT IS NOT SIMPLE

- Hospitals charge 4-7 times the payment rate for most services like:
 - PFTs
 - EKGs
 - Echocardiograms



5. PR IS VERY SAFE AND EFFECTIVE

- Significant improvement in function, symptoms, and depression
- Improved quality of life
- Reduced mortality in COPD when PR occurs within 90 days post-hospitalization, and in fibrotic lung disease patients who attend $\geq 80\%$ of planned PR visits

ESTABLISHING APPROPRIATE CHARGES

Start with a Checklist

- Obtain and review your chargemaster prices for CPT codes 94625 and 94626. A [revised article from CMS](#) can be helpful.

| | |
|-----------|--|
| CPT 94625 | Physician or other qualified health care professional for out-pt. PR; without continuous oximetry monitoring (per session) |
| CPT 94626 | Physician or other qualified health care professional for out-pt. PR; with continuous oximetry monitoring (per session) |
| G0237 | Therapeutic procedures to increase strength/endurance of respiratory muscles, face to face, 1:1, 15 min. each (includes monitoring). |
| G0238 | Therapeutic procedures to improve respiratory function, other than described by G0237, face to face, 1:1, 15 min. each (includes monitoring). |
| G0239 | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) |

- Schedule a meeting with your administrative partner (e.g., manager or director) and invite them to help you with the calculations. This is crucial if they are responsible for the budget and can provide actual department expenditure data. This may be your supervisor or department director. Prepare these resources and discuss a charge increase that can lead to increased reimbursement for PR and respiratory services.
- Calculate an updated (all-inclusive/bundled) charge for 8 weeks of prescribed PR. For example:

| |
|---|
| All provider time including prepping for a session, face-to-face and documentation time, obtaining patient insurance info and explaining PR, goals, expectations, etc.. ITP development, administering, collecting/reviewing and scoring outcome measures. Explaining results to patients and outlining the treatment plan. Reporting findings to referral sources when needed. |
| Referral and appointment management, appt. check in, consenting co-pay collection – non-clinical staff as well |
| Equipment needed for service delivery, exercise, oximetry, oxygen regulators |
| Supply costs – oxygen and delivery interfaces such as nasal cannulas and masks, oximeters and sensors, disposable devices - blood pressure cuffs, face shields and masks, resistance bands, free weights, education materials and handouts, etc. |

| |
|---|
| Any recharges to your cost center for adjunct staff services i.e., dietitian, medical director or supervising physician time, psych-social providers |
| Include time needed to conduct 6 min walk testing (two initial walks meeting ATS recommendations), oxygen needs assessments and develop prescription recommendations. |
| Include reassessment (actual provider) time as well time requirements for conducting reassessments during those sessions |
| Meeting and huddle time to facilitate continuity of care |

Identify the department and person(s) needed to direct your request. This may be someone in the business office assigned to your area who is responsible for the chargemaster.

| |
|--|
| Once identified submit a request to increase charges. Expect to justify the increased charge adjustments. |
| If meeting in person, prepare these resources and bring calculations to discuss your charge adjustment needs, ideally in collaboration with your administrative partner which may also include your administrative director and medical director. |
| If a partner(s) is lacking, use the tools to make projected estimate calculations then make a formal request to update charges, a contact in whatever department is responsible for the charge master is still needed. |
| Be aware changes in the chargemaster may take place at specific times of the fiscal year. |
| Most likely this will need to be approved by someone in the business office and later in the IT department for charges to be reflected in your EMR/Billing platform (i.e., EPIC, Cerner, etc.). This may require a face-to-face meeting. |
| Track until completed by circling back around after all steps are completed and request to see a copy of the UB-04 to review a claim for verification of changes. |
| Review the chargemaster at a minimum annually. |
| Keep in mind CMS has openly recognized that hospital cost reports (geometric means) are low at \$45/session. This means the reimbursement rate is a direct result of low charge claim submission to CMS, meaning we are the root cause by undercharging and valuing our comprehensive services. |

METHODOLOGY TO CALCULATE A FAIR AND RESPONSIBLE CHARGE FOR 94625/94626

Think about what services you are providing that you would charge for separately (unbundled).

Make a list of all services and number of times that you would perform that service in a typical pulmonary rehab program. Example: If the patient would attend 36 (or number provided by your program) group exercise sessions, list 36 (or appropriate number of units based on your program average) charges of **G0239**.

Include charge for six-minute walk, oxygen assessments, oxygen and oxygen supplies, MDI instructions, spacers, and other devices, **(see appendix list of supplies)**.

Refer to your current charge master and note the charge for each code on your list (note how many times you do other things noted above as well). Example: If the charge for G0239 is "X", multiply "X" times 36.

Add up all the charges. Divide by the number of sessions in your program and this is your proposed charge for one unit of 94625/94626.

The number you have calculated represents one charge of 94625/94626.

If you think that the charge that you have calculated is too high, think of all of the services you provide that receive no reimbursement.



UNCOMPENSATED SERVICES

Examples of Uncompensated Services include the following:

- Procurement of PR prescription and medical records
- Insurance verification including available number of visits from Medicare, co-pays, co-insurance, etc.
- Explaining PR to the patient including what to expect, benefits, safety, expectations and patient goals.
- Development of Individualized Treatment Plan (ITP)
- Psychosocial assessment and questionnaires
- On-going assessment of nicotine dependence
- Patient-centered outcome measurement, pre- and post-program
- Evaluation of current exercise prescription, including hypoxemia and oxygen needs, with updating each session
- Procurement of educational materials and purchasing/copying costs
- Documentation on ITP including educational sessions.
- Physician supervision with oversight of development and approval of follow-up ITPs with review and immediate availability during PR sessions.
- Team conference, related care planning and documentation
- Discharge planning and long-term exercise prescription, including discharge instructions and summary to patient and provider
- Purchasing and upkeep of exercise equipment
- Cost of physical space and utilities
- Patient support including support group, linkage to community resources

ACKNOWLEDGEMENTS

We thank the contributors for their expert work on this toolkit as well as the American Association of Cardiovascular & Pulmonary Rehabilitation, the American Association for Respiratory Care, the American Thoracic Society, and American College of Chest Physicians, and past work of the National Association for Medical Direction of Respiratory Care. We also thank the COPD Foundation and Dorney Koppel Foundation for their support.

2022 Update Contributors

Brian Carlin, MD
Chris Garvey, FNP, MSN, MPA, MAACVPR
Anne Gavic, MPA, RCEP, MAACVPR
Anne Marie Hummel
Aimee Kizziar, MHAL, BA, RRT-NPS, RCP
Debbie Koehl, MS, RRT, AE-C, FAARC
Trina Limberg, BS, RRT, FAARC, MAACVPR
Karen Lui, RN, MS
Katherine Menson, MD
Connie Paladenech, RRT, RCP, FAARC, FAACVP

Original Toolkit Contributors

Gerilynn Connors, BS, RRT, MAACVPR, FAARC
Gary Ewart
Bonnie Fahy, RN, MN, CNS
Chris Garvey, FNP, MSN, MPA, FAACVPR
Debbie Koehl, MS, RRT, AE-C, FAARC
Lana Hilling, RCP, FAACVPR
Anne Marie Hummel
Trina Limberg, BS, RRT, FAACVPR
Phillip Porte

APPENDIX

- Glossary of Terms
- Billing Code list including examples
- List of Supplies/Equipment to Consider in Charge Calculation
- Annual PR budget example
- Example UB-04
- Virtual and Telehealth PR
 - Resources Virtual and Telehealth PR
- Resources – AACVPR
- References

GLOSSARY OF TERMS

Ambulatory Payment Classifications (APCs): A group of services that are clinically similar and require similar resource utilization. Payment for hospital outpatient services is tied to APCs with payment rates developed prospectively. For example, applying a cast for a fractured radius requires similar resource utilization as applying a cast for a fractured ulna.

Bundled Codes: Combining CPT or HCPCS codes into one service provided at the same time, and often clinically go together.

Charge Master: A list of all the services that a hospital offers and the charges associated with those services. Medicare requires that these charges be identified on the claims data submitted for payment for outpatient services.

Cost-to-Charge Ratio: The total cost required to operate a hospital divided by the sum of operating revenues. CMS uses two key pieces of data to determine payment rates. First, they examine Medicare claims data to collect information regarding “charges.” Once the median charges are determined by a review of claims data from a given year, CMS applies a “cost to charge ratio” to determine final payment rates. The source of data for CMS calculations of the “cost to charge ratio” is the hospital cost report.

Current Procedural Terminology (CPT) Codes: A universal list of medical procedures or services that are billed by healthcare systems to insurance. These five-digit codes are owned by the American Medical Association.

Healthcare Common Procedure Coding System (HCPCS) codes: A universal list of separate services, drugs, or supplies that are not included in CPT codes. These are overseen by the American Medical Association. These are five characters but always start with a letter. An example was the previous code for pulmonary rehabilitation of COPD patients, G0424.

Hospital Charge Data (“charge”): The amount a hospital bills insurance for medical services provided. This amount is set *before or independently* of the negotiated payments. A charge is different than the *cost* of delivering care, and it is important to note that reimbursement is often lower than both values. Charges from all hospitals across the country are used to determine APC payment rates. Hospitals are required to identify charges on the claim’s forms submitted for CMS for hospital outpatient services, but this is **not** the amount the hospital expects to receive from Medicare; nor is it the amount Medicare plans to pay.

Hospital Cost Report: A complex report compiled once per fiscal year by hospitals and submitted to CMS. The timing of these reports depends on the hospital's set fiscal year.

Frequently hospitals will use outside consultants to assist and coordinate submission of the hospital cost report. Importantly, this is NOT a request by a hospital to get paid by Medicare – it is a reporting requirement tied to participation in the Medicare program.

Outpatient Prospective Payment System (OPPS): A system that sets reimbursement rates for outpatient hospital-based programs. It is based on adjustments for certain factors, such as relative weights for costlier services and geographic differences. Payment is determined based on HCPCS codes.

UB – 04: This is the standard form used by Medicare (and some private payers) to process claims for hospital outpatient services. A specific field on this form requires the hospital to identify the charge associated with the service.

Status Indicator: Status indicator "S" means a procedure or service, not discounted when multiple/paid under the hospital outpatient prospective payment system (HOPPS)/separate APC payment. Status indicator "Q1" means packaged codes paid under HOPPS. (1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S". (2) Composite APC payment if billed with specific combinations of services based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services. (3) In other circumstances, payment is made through a separate APC payment.

BILLING CODE LIST WITH REIMBURSEMENT DATA

Adapted from [CPT® \(Current Procedural Terminology\) | AMA \(ama-assn.org\)](https://www.ama-assn.org)

| G0424 is retired as of 2022. (2017 base payment was \$54.53) | Time | APC | Status Indicator | Base Payment (2022) | Co-Pay (2022) |
|--|-------------|------------|-------------------------|----------------------------|----------------------|
| 94625 Pulmonary Rehab, including exercise without continuous SpO2 (per session) | 60 min | 5733 | NA | \$56.85 | \$11.37 |
| 94626 Pulmonary Rehab, including exercise with continuous SpO2 (per session) | 60 min | 5733 | NA | \$56.85 | \$11.37 |

| G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) | Time | APC | Status Indicator | Base Payment (2022) | Co-Pay (2022) |
|---|-------------|------------|-------------------------|----------------------------|----------------------|
| | | 5762 | NA | \$34.57 | \$6.92 |

| G0238 Therapeutic procedures to improve respiratory function, other than ones described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring). Education examples below | Time | APC | Status Indicator | Base Payment (2022) | Co-Pay (2022) |
|---|-------------|------------|-------------------------|----------------------------|----------------------|
| Teaching MDI with spacer, DPI or nebulizer | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching of peak flow meter | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching In-Check dial | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching strategies for performing tasks with less effort including activities of daily living (ADLs) | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching airway clearance strategies: huff coughing, secretion mobilization device (i.e. Aerobika, flutter valve, vest, percussion) | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching stair climbing or ramp walking | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching in self-management/action plan | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching in smoking cessation | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Teaching in use of pulse oximetry monitoring | 15 min | 5732 | S | \$25.23 | \$5.05 |

| G0237 Therapeutic procedures to increase strength and endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring). Therapeutic examples below | Time | APC | Status Indicator | Base Payment (2022) | Co-Pay (2022) |
|--|-------------|------------|-------------------------|----------------------------|----------------------|
| Proper technique performing strength / endurance training | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Breathing retraining: PLB, DB, pace breathing, panic breathing | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Inspiratory Muscle trainer (IMT) | 15 min | 5732 | S | \$25.23 | \$5.05 |
| Incentive Spirometer (IS) | 15 min | 5732 | S | \$25.23 | \$5.05 |

| Other procedure type and description | Time | APC | Status Indicator | Base Payment (2022) | Co-Pay (2022) |
|--|-------------|------------|-------------------------|----------------------------|----------------------|
| G0436: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes. | 3-10 min | 5821 | S | | |
| G0437: Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes. | >10 min | 5821 | S | | |
| 82962: Glucose, blood by glucose monitoring device(s) cleared by FDA specifically for home use. | | | | | |
| 94618: Pulmonary Stress Test/Simple (Six minute walk) with analysis including data conversion to MET level. May include oxygen titration with exercise. | NA | 5734 | Q1 | | |
| 94664: Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered-dose inhaler with/without holding chamber, dry powder inhaler or IPPB device. | NA | 5791 | Q1 | | |
| 94640: MDI or Nebulizer treatments. | NA | 5722 | Q1 | | |
| 94667: Manipulation chest wall, such as chest PT, e.g. percussion and vibration to facilitate lung function, initial demonstration and or evaluation, use of positive expiratory pressure device (Acapella, TheraPEP, Flutter), Vest or other device to promote secretion clearance | | | | | |
| 94760, 94761: Pulse Oximetry with appropriate documentation, including determination of oxygen needs at rest and with activity | | | | | |
| 96152: Health and behavior intervention, each 15 minutes, face-to-face; individual. | | | | | |
| 96153: Health and behavior intervention, each 15 minutes, face-to-face; group. | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 97001: Physical Therapy evaluation includes assessment and treatment planning. | | | | | |
| 97003: Occupational Therapy for evaluation includes assessment and treatment planning. | | | | | |
| 97802: Medical nutrition therapy, initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes including management of cachexia, obesity, follow-up with medical team. | | | | | |
| 97803: Medical nutrition therapy, reassessment and intervention, individual, face-to-face with the patient, each 15 minutes including management of cachexia, obesity, follow-up with medical team. | | | | | |
| 97804: Medical nutrition therapy, reassessment and intervention, group (2 or more individuals), each 30 minutes including management of cachexia, obesity, follow-up with medical team. | | | | | |
| 99211-99215: E & M codes previously used for initial evaluation and development of individualized treatment program (ITP). Includes patient evaluation, individualized goal, ongoing reassessment, discharge instruction and exercise prescription. | | | | | |
| 98960: Education and training for patient self-management, face-to-face with the patient, each 30 minutes, including prevention and management of exacerbations, action plan, disease self management strategies, management of panic, anxiety and depression, end of life planning, control of airway irritants and allergens. | | | | | |
| 98961: Education and training for patient self-management, 2-4 patients, each 30 minutes, including prevention and management of exacerbations, action plan, disease self- management strategies, management of panic, anxiety and depression, end of life planning, control of airway irritants and allergens | | | | | |
| 98962: Education and training for patient self-management 5-8 patients, each 30 minutes, including prevention and management of exacerbations, action plan, disease self- management strategies, management of panic, anxiety and depression, end of life planning, control of airway irritants and allergens. | | | | | |

LIST OF SUPPLIES/EQUIPMENT TO CONSIDER IN CHARGE CALCULATION

| Equipment | QTY | COST | TOTAL |
|---|-----|------|-------|
| NuSteps | | | |
| Treadmills | | | |
| Air Dyne bikes | | | |
| Stationary bikes | | | |
| Recumbent bikes | | | |
| Elliptical trainers | | | |
| Recumbent elliptical trainers | | | |
| Rowing machines | | | |
| Steppers | | | |
| Arm ergometers | | | |
| Free weights (dumbbells, kettle bells) | | | |
| Elastic bands or tubing (Theraband) | | | |
| Wall pulleys | | | |
| Resistance equipment (Bow Flex, Hydrofit) | | | |
| Universal weight machine | | | |
| Shoulder wheel | | | |
| Mats, knee pads (for assist in getting up/down) | | | |
| Balls for resistance exercises on mat | | | |

| Department Equipment/Supplies | QTY | COST | TOTAL |
|---|-----|------|-------|
| Blood pressure cuffs | | | |
| Stethoscope | | | |
| Oximeters (stationary, hand held and finger oximeter, probes and replacement oximeter sensors finger, earlobe and forehead) | | | |
| Timers, clipboards | | | |
| Oxygen (piped in oxygen, portable liquid, gas tanks &/or portable oxygen concentrators) | | | |
| Oxygen system for storage and refill | | | |
| Oxygen strollers and holders | | | |
| Oxygen delivery of refills | | | |
| Nasal cannulas | | | |
| High flow nasal cannula | | | |

| | | | |
|---|--|--|--|
| Oximyzer pendent and cannula | | | |
| OxyArm | | | |
| Oxymask | | | |
| System for nasal cannula | | | |
| EKG monitoring capacity (defibrillator w/oscilloscope or telemetry) | | | |
| Crash (emergency) cart with defibrillator or AED | | | |
| FDA approved blood glucose monitor and quality assurance system | | | |
| Scale with calibration capability | | | |
| Rollator | | | |
| Quad cane | | | |
| 4 point walker | | | |
| Cane | | | |
| Wheelchair | | | |
| Accapella high flow/low flow | | | |
| Aerobika | | | |
| PEP valves | | | |
| Vest device | | | |
| Peak Flow meters | | | |
| Hand sanitizer - wall mount | | | |
| Sani-wipes for equipment | | | |
| Gloves - wall mount | | | |
| First Aid supplies | | | |
| Audio system | | | |

| Software | QTY | COST | TOTAL |
|------------------|------------|-------------|--------------|
| Krames on demand | | | |
| Epocrates | | | |

| Written Material | QTY | COST | TOTAL |
|--|------------|-------------|--------------|
| Krames or other comprehensive PR education booklet | | | |
| Materials in other languages | | | |

| Books | QTY | COST | TOTAL |
|---|------------|-------------|--------------|
| AACVPR PR Guidelines – most recent edition | | | |
| ACSM Guidelines for Exercise Testing and Prescription | | | |

| Department Furniture and Accessories | QTY | COST | TOTAL |
|---|------------|-------------|--------------|
| Notebooks for class | | | |
| Files for patient charts | | | |
| File cabinets | | | |
| Computers | | | |
| Office for clinician | | | |
| Chairs and tables for education room | | | |
| Chairs for waiting room | | | |
| Dry erase boards and markers for education room and exercise room | | | |
| DVD and TV for education room | | | |
| TV for exercise room | | | |
| Benches/chairs for exercise room | | | |
| Files for patient exercise cards in exercise room | | | |
| Desk for charting in exercise room | | | |
| Phones | | | |
| Printer | | | |
| Copy/fax machine | | | |
| Coffee maker | | | |
| Sink for patients and staff to wash hands | | | |
| Bottled water | | | |
| Wall clocks | | | |
| Refrigerator | | | |
| Water dispenser and disposable cups | | | |

| Other items included in charge | QTY | COST | TOTAL |
|---|------------|-------------|--------------|
| Gym and hallways for 6 minute test | | | |
| Staff orientation, vacation, retirement, healthcare, worker's comp | | | |
| Medical director including ITP review and signature, if used: PT, OT, nutritionist, social work, psychologist | | | |

LIST OF SUPPLIES/EQUIPMENT TO CONSIDER IN CHARGE CALCULATION

| Examples of PR actual costs (direct and Indirect) | | | |
|---|---------------------------------|---------|-----------|
| Salaries | PR staff* | 3.5 FTE | \$425,639 |
| | Medical Director | | \$25,000 |
| | Registry | | \$250 |
| | Benefits | | |
| | Pension | | |
| | Vacation, holidays, sick leave | | \$70,355 |
| Equipment | Capital | | \$15,000 |
| | Non-capital equipment | | \$3,500 |
| Supplies | Clinical supplies | | \$7,200 |
| | Administrative supplies | | \$1,000 |
| | Cleaning/sterilization supplies | | \$425 |
| | Postage/Freight (outbound) | | \$305 |
| Miscellaneous | Patient parking* | | |
| Total expenses | | | \$485,000 |

*program dependent

VIRTUAL AND TELEHEALTH SERVICES

Hospital-based (hospital owned and billed) services e.g., virtual services:* Visits conducted between a PR clinician and a patient using two-way, real-time interactive audio/video telecommunication technology. Only 94625* and 94626* are covered for virtual services. This is covered until the end of the Public Health Emergency.

* Not referred to as telehealth by Medicare who considers telehealth a non-billable service for outpatient hospital-based PR.

Physician owned office services e.g., telehealth services. Visits conducted between a provider and a patient using two-way, real-time interactive audio/video telecommunication technology. CPT codes 94625* and 94626* are covered only for physicians and included in the list of Covered Telehealth Services. These CPTs have been added to category 3 temporary telehealth services through calendar year 2023 and are covered until end of calendar year 2023.

| | |
|-----------|---|
| CPT 94625 | Physician or other qualified health care professional for out-pt. PR; without continuous oximetry monitoring (per session) |
| CPT 94626 | Physician or other qualified health care professional for out-pt. PR; with continuous oximetry monitoring (per session) |

*Above bundled (comprehensive) pulmonary rehabilitation (PR) codes cover services for patients with:

- **COPD GOLD stages 2-4**
- **COVID-19 (confirmed or suspected) and persistent symptoms that include respiratory dysfunction *for at least four weeks. Not required:*** Hospitalization prior to PR, positive COVID-19 test, PFTs or direct MD contact.
- **Note:** Virtual services are *only* for PR codes 94625 and 94526, and not for Outpatient Respiratory Services e.g., diagnoses other than-COPD GOLD 2-4 and COVID-19 as described above.

AACVPR RESOURCES

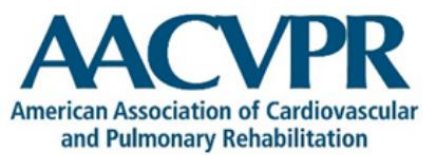
- American Association of Cardiovascular and Pulmonary Rehabilitation. Guidelines for pulmonary rehabilitation programs. Fifth Edition. Champaign, IL: Human Kinetics; 2019.
<https://www.aacvpr.org/Publications>
- [AACVPR Outpatient Pulmonary Rehabilitation Registry](#)
- [AACVPR Resources for Professionals](#)
- [AACVPR COVID-19 Resources for CR/PR Professionals](#)

PR REFERENCES

1. Spruit MA, Singh SJ, Garvey C, *et al.* An official American Thoracic Society/European Respiratory Society statement: key concepts and advances in pulmonary rehabilitation. *Am J Respir Crit Care Med* 2013;188:e13–64.
2. Rochester CL, Vogiatzis I, Holland AE, Lareau SC, Marciniuk DD, Puhan MA, *et al.*; ATS/ERS Task Force on Policy in Pulmonary Rehabilitation. An official American Thoracic Society/European Respiratory Society policy statement: enhancing implementation, use, and delivery of pulmonary rehabilitation. *Am J Respir Crit Care Med* 2015;192:1373–1386.
3. American Association of Cardiovascular and Pulmonary Rehabilitation. Guidelines for pulmonary rehabilitation programs. Fifth Edition. Champaign, IL: Human Kinetics; 2019.
4. American College of Sports Medicine. *ACSM's Guidelines for Exercise Testing and Prescription*. Philadelphia :Lippincott Williams & Wilkins, 2017.
5. Global Initiative for Chronic Obstructive Lung Disease. *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease.*; 2022. Accessed May 27, 2022. [2022 GOLD Reports - Global Initiative for Chronic Obstructive Lung Disease. https://goldcopd.org](https://goldcopd.org)
6. Lindenauer PK, Stefan MS, Pekow PS, *et al.* Association Between Initiation of Pulmonary Rehabilitation After Hospitalization for COPD and 1-Year Survival Among Medicare Beneficiaries. *JAMA*. 2020;323(18):1813-1823. doi:10.1001/jama.2020.4437
7. Maddocks M, Kon SSC, Singh SJ, Man WDC. Rehabilitation following hospitalization in patients with COPD: can it reduce readmissions? *Respirol Carlton Vic*. 2015;20(3):395-404. doi:10.1111/resp.12454
8. Nici L, Raskin J, Rochester CL, *et al.* Pulmonary rehabilitation: WHAT WE KNOW AND WHAT WE NEED TO KNOW. *J Cardiopulm Rehabil Prev*. 2009; 29(3):141-151. doi:10.1097/HCR.0b013e3181a85cda

RESOURCES

1. Mosher, C, Nanna M, Jawitz O, Raman V, Farrow N, Aleem S, Casaburi R, MacIntyre, N; Palmer, S, Myers, E MD, MPH Cost-effectiveness of Pulmonary Rehabilitation Among US Adults with Chronic Obstructive Pulmonary Disease. *JAMA Network Open*. 2022;5(6):e2218189. doi:10.1001/jamanetworkopen.2022.18189.
2. Holland A, Cox N, Houchen Wolloff L, Rochester C, Garvey C, *et al.* Defining Modern Pulmonary Rehabilitation. An Official American Thoracic Society Workshop Report. *Ann ATS* 2021;18: 12-29. <https://doi.org/10.1513/AnnalsATS.202102-146ST>
3. Maltais F, Bourbeau J, Shapiro S, *et al.* Effects of home-based pulmonary rehabilitation in patients with chronic obstructive pulmonary disease: a randomized trial. *Ann Intern Med* 2008;149:869–78.
4. Holland AE, Mahal A, Hill C, *et al.* Home-based rehabilitation for COPD using minimal resources: a randomised, controlled equivalence trial. *Thorax* 2017;72:57–65. doi:10.1136/thoraxjnl-2016-208514.
5. Bhatt S, Patel S, Anderson E, *et al.* Video Telehealth pulmonary rehabilitation intervention in Chronic Obstructive Pulmonary Disease reduces 30-day readmissions. *Am J Respir Crit Care Med*. 2019;15;200:511-513.
6. Nici L, Singh SJ, Holland AE, ZuWallack RL. Opportunities and challenges in expanding pulmonary rehabilitation into the home and community. *Am J Respir Crit Care Med* 2019;200:822–827.



www.aacvpr.org



www.aarc.org



www.thoracic.org



www.chestnet.org

