

Medicare Pulmonary Rehab Requirements

Below are the details of the Medicare requirements for Pulmonary Rehab. See the November Connect for the Medicare requirements for the Cardiac Rehab Program.

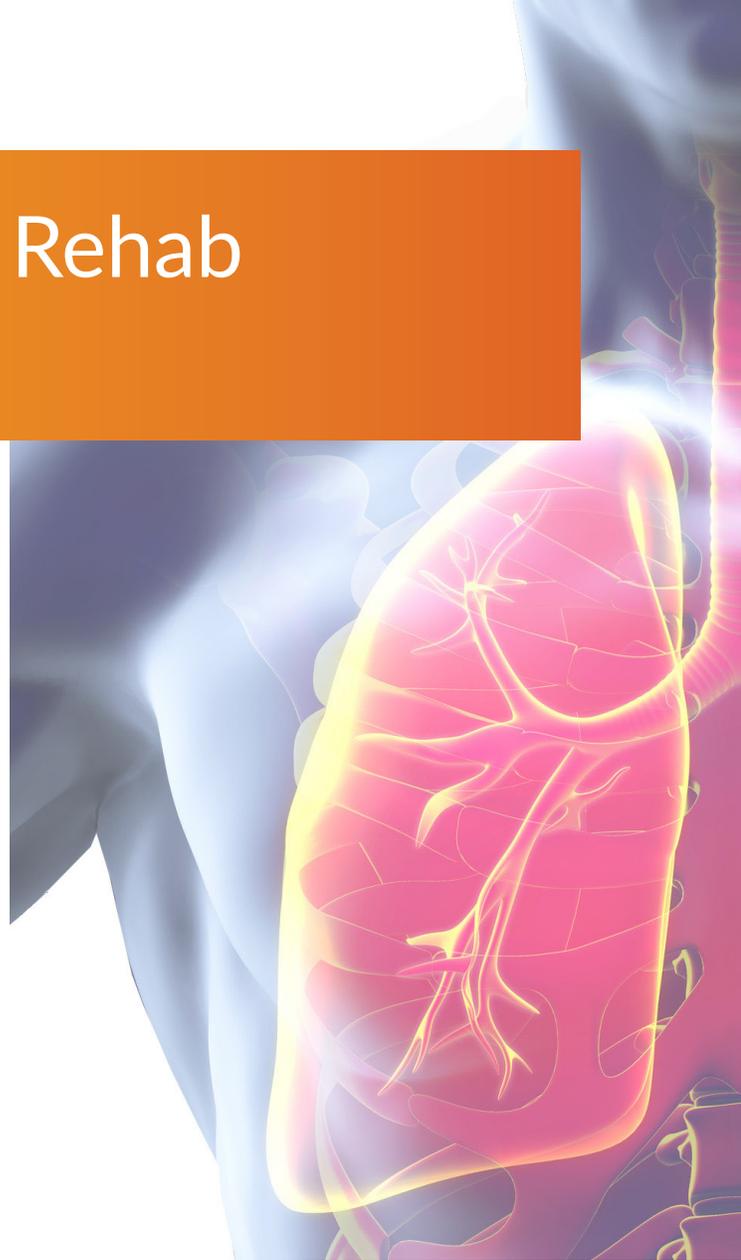
Patient Requirements:

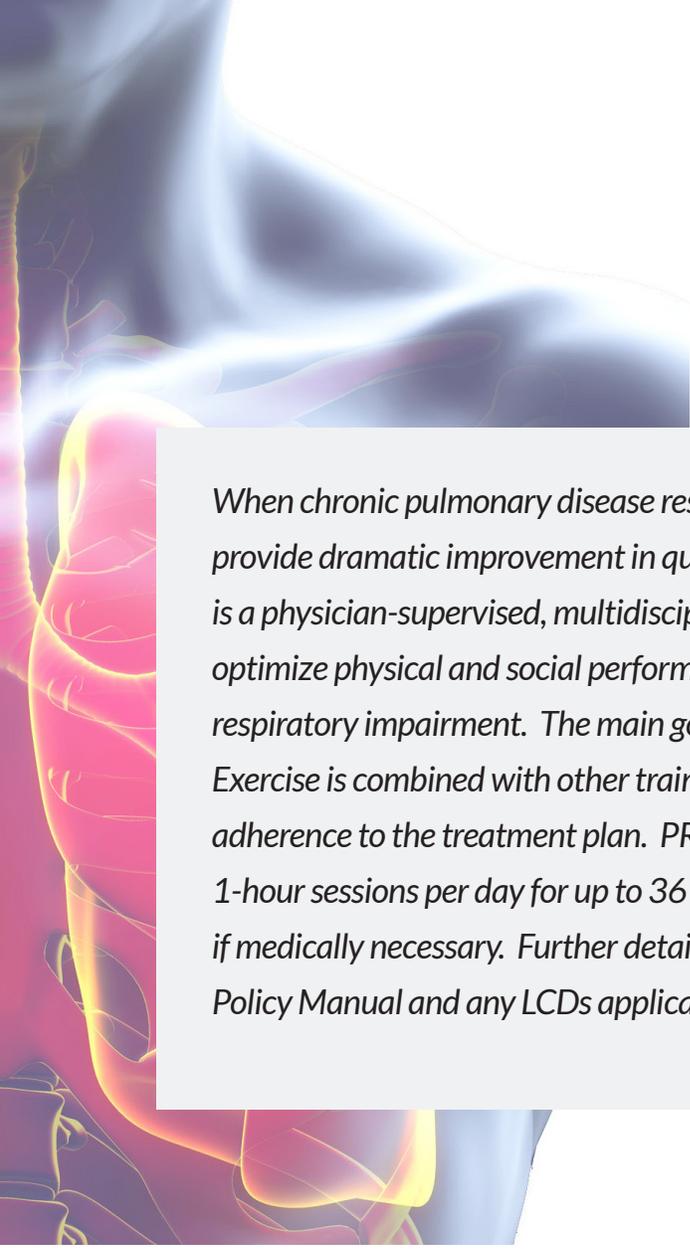
To qualify, a patient must have moderate to very severe chronic obstructive pulmonary disease (COPD) (defined as GOLD classification II, III, and IV) and must be referred by the physician treating the chronic respiratory disease.

PR Program Component Requirements:

- **Physician-prescribed exercise.** Techniques include exercise conditioning; breathing retraining; step and strengthening exercises. Some aerobic exercise must be included in each PR session. Both low- and high- intensity exercise is recommended to enhance patient benefit. A combination of endurance and strength training should be conducted at least twice per week.
- **Education or training tailored to the individual's need.** Includes respiratory problem management and brief smoking cessation counseling if applicable. The aim is to assist in achievement of individual goals towards independence in activities of daily living, adaptation to limitations, and improved quality of life (QoL).
- **Psychosocial assessment.** Evaluation of mental and emotional functioning as it relates to the individual's rehabilitation or respiratory condition. Includes: (1) an assessment of those aspects of the individual's family and home situation that affects the individual's rehabilitation treatment, and (2) a psychological evaluation of the individual's response to, and rate of progress under, the treatment plan.
- **Outcomes assessment.** Includes: (1) beginning and ending evaluations based on patient-centered outcomes which are conducted by the physician at the start and end of the program, and (2) objective clinical measures of the effectiveness of the PR program for the individual patient, including exercise performance and self-reported measures of shortness of breath, and behavior. Assessments include clinical measures such as the six-minute walk, weight, exercise performance, self-reported dyspnea, behavioral measures (supplemental oxygen use, smoking status,) and a QoL assessment.
- **An individualized treatment plan describing the individual's diagnosis and detailing how components are utilized for each patient.** The plan must be established, reviewed, and signed by a physician every 30 days. The PR physician must review and sign the plan prior to initiation of the PR program; have initial, direct contact with the individual prior to subsequent treatment by ancillary personnel, and have at least one direct contact in each 30-day period. The plan must specify the type, amount, frequency, and duration of PR services to be furnished with an appropriate mix of services for the patient's needs. It must include measurable and expected outcomes and estimated timetables to achieve these outcomes.

continued on page 2





When chronic pulmonary disease restricts life, pulmonary rehabilitation (PR) programs can provide dramatic improvement in quality of life and capability. A Medicare PR program is a physician-supervised, multidisciplinary program individually tailored and designed to optimize physical and social performance and autonomy of care for patients with chronic respiratory impairment. The main goal is to increase the ability to exercise independently. Exercise is combined with other training and support mechanisms to encourage long-term adherence to the treatment plan. PR program sessions are limited to a maximum of two 1-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions if medically necessary. Further details of requirements are located in the Medicare Benefit Policy Manual and any LCDs applicable to particular locations.

PR Program Setting Requirements:

Services must be furnished in a physician's office or a hospital outpatient setting. The setting must have the necessary cardiopulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary (for example, oxygen, cardiopulmonary resuscitation equipment, and a defibrillator) to treat chronic respiratory disease. All settings require direct physician supervision which means the program must have a physician immediately available for medical consultations and emergencies any time the program is in operation.

PR Program Physician Requirements:

The supervising physician must meet all of the following requirements: (1) expertise in the management of individuals with respiratory pathophysiology, (2) licensed to practice medicine in the state in which the PR program is offered, (3) responsible and accountable for the PR program, and (4) involved substantially, in consultation with staff, in directing the progress of the individual in the PR program.

Helpful References:

- [Medicare Internet Manuals](#)
- Medicare Benefit Policy Manual
- NCD Manual
- [LCDs](#)

