

Improving Pulmonary Rehabilitation Reimbursement
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The proposed national average for the Medicare reimbursement rate for G0424 in 2018 is approximately \$53.00. It is difficult for PR programs to remain viable in the current health care environment with this low reimbursement. One could easily argue that \$53.00 does not come close to covering the cost of the time spent exercising each patient and training the patient in disease self-management, let alone for the equipment and supplies required to operate a PR program. The AACVPR has long recognized the need to improve reimbursement for G0424, but just recently began a very time consuming and expensive project led by the newly established PR Reimbursement Task Force (TF), which is working closely with the MAC Liaison Task Force.

The AACVPR purchased 2015 data (the most recent data available) from The Centers for Medicare and Medicaid Services (CMS). The data showed the number of claims (sessions) submitted from each program, the charge amount for each session, and the cost of providing one session as reported to CMS on the annual Medicare cost report. The data was first categorized by state. The amount of data was overwhelming, therefore the PR Reimbursement Task Force made the decision to identify programs with ≥ 250 G0424 claims submitted in 2015, and with charges of less than \$400 per session. The TF felt the programs with the greater number of claims/year could have the greatest impact on improving reimbursement.

The results, as indicated below, showed the variation in # of claims, as well as in charges and cost:

Data	Lowest	Highest
Total claims/hospital	11	3000
G0424 Charge Range	\$44	\$1981
Hospital Cost Report Range	\$4.00/session	\$1265/session

The MAC Liaison Task Force members, along with their MAC Resource Groups (MRGs) and affiliate leadership began the large task of contacting every program in their states that met the criteria of submitting ≥ 250 G0424 claims in 2015 AND charged a rate $< \$400$ /session. The goal was to notify each program director/coordinator that the CEO of the hospital would be receiving communication about the need to improve PR reimbursement. The timeline, start to finish, to complete this task was 2 weeks! When emails failed to be delivered due to out of date email addresses, phone calls had to be made. This sometimes meant performing an internet search for the hospital/phone number. Needless to say, it was a large task! It was surprising and frustrating how many programs did not return phone calls despite the numerous voice messages left!

Phil Porte, GRQ, LLC, drafted a letter to the CEOs of the hospitals that was signed by the Presidents of the AACVPR, AARC, ATS, ACCP, and NAMDRC, and was mailed on September 9, 2017. The letter outlined the problem with PR reimbursement and asked for their assistance to improve it. A copy of the *PR Reimbursement Toolkit: Guidance to Calculating Appropriate Charges for G0424*, was included with the letter to all CEOs. The intent was for the CEO to meet with the PR program director/coordinator and members of the hospital finance team to examine their charge for G0424; and using the Toolkit, adjust the charge to reflect all of the services provided during each session of pulmonary rehab (G0424).

The hope of the pulmonary societies, AACVPR and all the volunteers donating their time toward this project is that each and every hospital, not just those notified with letters, will find the PR Reimbursement Toolkit on the AACVPR website (it is free to anyone). Review the Toolkit, then schedule an appointment with the person(s) responsible for setting rates in the hospital. Bring the Toolkit to the appointment, and also bring someone with clout, such as a department director or the medical director. Together, work through the Toolkit step-by-step to determine the most appropriate charge for the services provided under G0424. Ask: when can the charge/rate be changed? Some institutions only allow rate changes to occur once per year, so time is of the essence! Follow-up to be sure the rate was changed to the amount decided upon.

A survey will be sent in the coming months to all of the programs meeting the criteria discussed above. The purpose of the survey will be to learn the steps taken in each program/institution to improve the charge for G0424. Reimbursement will NOT improve, until our charges improve! The link below should take you to the PR Reimbursement Toolkit on the AACVPR website:

<https://www.aacvpr.org/Advocacy/Pulmonary-Rehabilitation-Toolkit>