

Part B Insider (Multispecialty) Coding Alert

Reader Question: Breathe Easy When Billing for Pulmonary Rehab

Question: Is it appropriate for me to bill for pulmonary rehab using G0424 for non-COPD patients? If not, what should we use, and what would the appropriate modifiers be?

Answer: No. Medicare only covers G0424 (Pulmonary rehabilitation, including exercise [includes monitoring], one hour, per session, up to two sessions per day) when the pulmonary rehab services are provided to a patient with moderate to very severe COPD (defined as GOLD classification II, III and IV) can be covered by G0424. For any other conditions, you cannot collect for the pulmonary rehab services with G0424.

For all non-COPD patients, you will have to use respiratory care codes as applicable, such as G0237 (Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes [includes monitoring]), G0238 (Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes [includes monitoring]), and G0239 (Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals [includes monitoring]).

The codes mentioned above are for therapeutic procedures to improve respiratory functions that should be provided by a qualified therapist. These procedures are directed mainly at increasing the strength or endurance of respiratory muscles.