

## Eli's Rehab Report

### Industry Notes: Here's the Scoop on Pulmonary Rehab Coverage

CMS has allowed payment for physician-supervised pulmonary rehab programs since 2010, but the agency is still tweaking the policies to confirm that only patients with moderate to very severe COPD are entitled to the benefit.

Background: Effective Jan. 1, 2010, physician-supervised comprehensive pulmonary rehab programs have been payable for up to two hourly sessions per day, up to 36 lifetime sessions. The programs must include physician-prescribed exercise, education or training, psychosocial assessment, outcomes assessment, and an individualized treatment plan.

Update: On July 16, CMS revised MLN Matters article MM6823 to clarify that the benefit is only payable for patients with moderate to very severe chronic obstructive pulmonary disease (COPD).

To read a complete copy of the article, visit

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6823.pdf>.

#### CMS To Collect Data On Therapy Patient Function

Wondering how CMS may reconfigure the therapy portion of home health payment rates? Take a look at its newest effort in outpatient therapy reimbursement for a hint.

In the 2013 physician fee schedule proposed rule, CMS wants "to collect data on patient function related to physical and occupational therapy, and speech language pathology services," CMS says in a release. As required by law, the data will help CMS generate therapy payment reform that focuses on "patient function ... condition and outcomes," the agency explains. That's opposed to the current time-based method of paying for outpatient therapy.

#### Prep for Prior Authorization For Highmark Patients

In mid-June, Pittsburgh, Pa.-based Highmark announced that starting Sept. 1, it will begin requiring prior authorization for some physical therapy, occupational therapy and manipulation services. The payer said in a press release that the new requirements are "designed to promote appropriate utilization of services and address growing customer concerns over unwarranted variations in the delivery of care that contributes to rising health care costs."

"This prior authorization requirement only takes effect after the first eight visits," said **Virginia Calega, M.D.**, Highmark's vice president of medical management and policy in the press release. "If additional visits are medically necessary, we simply want to ensure there is a proper and appropriate treatment plan in place." According to Highmark, nearly two-thirds of members have their needs met and resolved within eight visits.

#### Address Anxiety with These Measures

"Anxiety can cause shortness of breath in someone" who is terminally ill, says **Lynn Serra, RN, BA, MBA**, a consultant with Beth Carpenter and Associates in Lake Barrington, Ill.

Potential remedies: "When people who are dyspneic talk about their spiritual beliefs, it can have a calming effect," says **Harold Bob, MD, CMD**, the medical director at Season's Hospice in Baltimore, Md. "In working with patients and families, we have the social worker and chaplain talk to them about their spiritual beliefs -- and what they believe happens when they transition or die (we use either word). I find that 90 percent of our patients/families believe in an afterlife. When asked whom they expect to see on the other side, they will say 'my mother, brother or wife, etc.' And when they talk about their own beliefs and faith, they become calm."

Also: Season's Hospice "permeates its inpatient unit with a calming approach," adds Bob. For example, staff "routinely integrate music, aromatherapy and simple touch."