

Eli's Rehab Report

News Brief: Carriers Confirm Guidelines for New Respiratory Therapy Codes

Physical and occupational therapists who work with cardiac or pulmonary rehab patients were pleased to see the introduction of three new respiratory therapy HCPCS Codes for 2002. Most Medicare carriers already have established reimbursement guidelines for these codes, so PM&R coders should be on the lookout for revisions to their insurers' payment policies. For those who have not yet learned of their carriers' rules for payment, the following is a breakdown of how these claims are being paid.

G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring). According to the Empire Medicare (Part B provider for New York and New Jersey) local medical review policy (LMRP), examples of services paid under this code include "blow bottles, and services to strengthen the trapezius and diaphragm."

G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring). The Empire LMRP states that this is "used for therapy services used to improve general well-being and endurance, such as treadmill, energy conservation techniques, exercise teaching, and teaching patients when to start and stop exercises."

G0239 Therapeutic procedures to improve respiratory function, other than services described by G0237, two or more (includes monitoring). Because this is a group code, coverage is determined on a case-by-case basis. Practices submitting claims using this code should send documentation identifying the group's treatment techniques, "how the treatment technique will restore function, the frequency and duration of the particular group setting, and the treatment goal in the individualized plan," according to Empire's policy.

According to the LMRP for Trailblazer Health Enterprises, the Medicare carrier for Texas, "all treatment orders for pulmonary respiratory therapies must specify the discipline, type, frequency, and duration of the procedure, modality, or activity" because a "blanket pulmonary therapy order is not acceptable."

The "monitoring" included in the codes normally refers to oximetry, blood pressure monitoring, and EKG monitoring. These services can be billed by physicians, or by physical and occupational therapists when billed "incident to" a physician's service.