

Report on Medicare Compliance Volume 32, Number 16. April 24, 2023 Documentation Audit Tool for Pulmonary Rehabilitation Program Requirements

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This tool was developed by Georgia Rackley, a senior clinical specialist at SunStone Consulting. Cardiac and pulmonary rehab are on the approved list of audit targets of recovery audit contractors. Contact her at georgiarackley@sunstoneconsulting.com.

Pulmonary Rehabilitation Program Requirements

Requirement	Detail	Yes	No
Physician referral to admit to pulmonary rehabilitation program			
Patient has moderate to very severe COPD; GOLD Classification II, III or IV; OR patient has confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks	 Physician documented validation of GOLD Classification; results of PFT should support this. Physician validation of diagnosis and respiratory dysfunction for at least four weeks. 		
Supervising physician is immediately available and accessible for medical consultations and emergencies at all times or direct supervision if office based	 Documentation to support physician availability (hospital based) or direct supervision (office based), e.g. physician daily log. Direct supervision must be furnished by a doctor of medicine or osteopathy; non-physician practitioner cannot provide supervision. 		

Individualized treatment plan	 Physician signed prior to or on start date of treatment sessions; then physician reviewed and signed every 30 days. The plan must indicate the type, amount, frequency and duration of PR items and services. Must include measurable and expected outcomes and estimated timetables to achieve these outcomes.
Physician prescribed exercise program	 Aerobic exercise must be included in each PR session. Target intensity (e.g., a specified percentage of the maximum predicted heart rate or number of METs). Duration of each session (e.g., "20 minutes"). Frequency (number of sessions per week).
Patient education and training	 Documentation of education and training that assists patient in achievement of individual goals toward independence in activities of daily living, adaptations to limitations and improved quality of life. Must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling.
Psychosocial assessment	 Written evaluation of patient's mental and emotional functioning relating to the patient's rehabilitation or respiratory condition. Includes family and home situation that may affect the individual's rehabilitation treatment. Psychosocial evaluation of the individual's response to and rate of progress under the treatment plan.
Outcomes assessment of patient's progress	 Beginning and ending evaluations based on patient-centered outcomes conducted by the physician or staff at start and end of program. Should include objective clinical measures.

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