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Policy Impact

Background

- Pulmonary rehabilitation (PR) has already been studied for clinical effectiveness and cost effectiveness in Chronic Obstructive Pulmonary Disease (COPD).
- PR is recommended as a non-pharmacotherapy option as per the Global initiative for chronic Obstructive Lung Disease (GOLD) guidelines.
- Before January 1, 2010 there was no procedural code for PR.
- The Department of Health and Human Services (DHHS) hypothesizes that Current Procedural Terminology (CPT) codes for cardiovascular rehabilitation (93797, 93798) and Healthcare Common Procedure Coding System (HCPCS) codes for respiratory therapy (G0237, G0238) may be utilized to reimburse for PR services, since the services are similar in labor and resource utilization.
- Effective January 1, 2010, Centers for Medicare & Medicaid Services (CMS) generated a new HCPCS code (GXX30) for PR and is defined as “Pulmonary Rehabilitation including aerobic exercise (includes monitoring), per session, per day at minimum of 60 minutes”
- PR Program Definition – “Pulmonary rehabilitation (PR) is an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualized treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systemic manifestations of the disease.”

Objective

- To assess how proposed coding changes will impact reimbursement and subsequent budget impact for PR in patients with COPD.

Methods

Budget Impact Model: Built using Microsoft Excel


Prevalence of COPD is 6%.

Patients received 2.5 PR sessions/week at 60 minutes per session for a total of 6 weeks.

Reimbursement rate for HCPCS GXX30 is 0.37 per minute at 60 minutes per claim ($22.50/claim).

A total of 69 patients out of 33,448 patients with COPD were identified as recipients of PR services.

PR services were reimbursed at a weighted average of $32.24/claim for an average of 15.33 minutes.

The policy changes in coding established by DHHS may result in cost savings for Managed Care Organizations reimbursing for PR services.

The retrospective database analysis revealed that only 69 out of 33,448 patients with COPD may have received PR services. The generation of a new code for reimbursement may significantly increase utilization for PR services.

The definition of the new code HCPCS GXX30 at 60 minutes per claim may increase the amount of treatment time provided for patients who receive PR services.

Cost Data: Based on reimbursement cost from the claims data in IMS Life Link Health Plans Claims Database. A weighted average was calculated to obtain reimbursement cost per claim.

Outcome Measure: Primary and secondary outcomes were cost savings Per Member Per Month (PMPM) and cost savings per Treated PMPM, respectively.