

Congress of the United States

Washington, DC 20515

July 14, 2004

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
314G Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201

Dear Dr. McClellan:

As chairpersons of the Congressional COPD Caucus, we are writing regarding a formal submission made to the Centers for Medicare and Medicaid Services (CMS) for a coverage determination on pulmonary rehabilitation. This review of pulmonary rehabilitation services was submitted, in response to a CMS request, by the major pulmonary medicine and respiratory therapy societies in April 2003. Now, 15 months later, there has been no posting on the CMS coverage website seeking additional comments to move the process forward.

According to the leadership of the societies (the American Association for Respiratory Care, the American Association of Cardiovascular and Pulmonary Rehabilitation, the American College of Chest Physicians, the American Thoracic Society and the National Association for the Medical Direction of Respiratory Care), CMS staff is wrestling with a key legal aspect of such a coverage decision: does CMS have the statutory authority to provide coverage of pulmonary rehabilitation services? While we are not experts regarding coverage determinations, it seems inherently logical that these services meet the key criteria for Medicare coverage. The clinical literature clearly supports these services as reasonable and necessary for certain Medicare beneficiaries, most notably those suffering from moderate to severe chronic obstructive pulmonary disease.

We are concerned that current policy fosters inconsistent and disparate coverage that is adversely impacting Medicare beneficiaries. Some Medicare contractors, such as those in the Pacific Northwest, have not published local medical review policies (LMRPs) addressing rules for coverage of pulmonary rehabilitation. These contractors refuse to permit the use of specifically designed G codes for pulmonary rehabilitation related services.

Furthermore, we are aware that CMS decided earlier this year to cover "exercise therapy and conditioning services"—more commonly referred to as pulmonary rehabilitation services—that are provided in conjunction with lung volume reduction surgery (LVRS). Patients who are eligible for LVRS are able to benefit

from pulmonary rehabilitation services; however, patients who are not candidates for LVRS are denied these services even though both sets of patients suffer from the same underlying COPD and would benefit from pulmonary rehabilitation.

We strongly urge you to consider making pulmonary rehabilitation coverage available to all Medicare beneficiaries through a national coverage decision. In addressing this request, it would be of great assistance if you could provide the following information:

- Under what statutory authority is exercise therapy and conditioning services (i.e., pulmonary rehabilitation) considered a covered Medicare service in conjunction with LVRS?
- Do you see statutory limitations that would prevent Medicare from covering exercise therapy and conditioning services (i.e. pulmonary rehabilitation) for non-LVRS patients under the same statutory authority?

Your prompt attention to this issue and to the two specific requests for information is greatly appreciated. We look forward to working with you to ensure Medicare beneficiaries have appropriate access to effective and efficient medical care.

Sincerely,



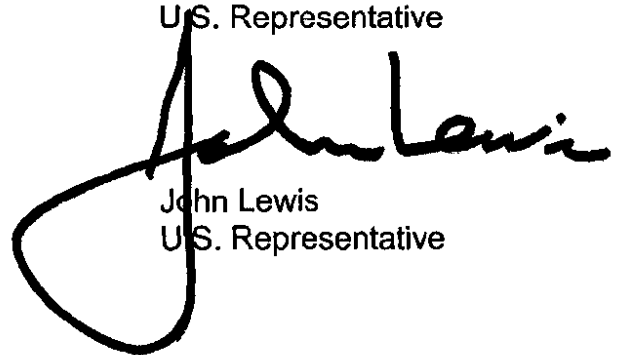
Mike Crapo
U.S. Senator



Cliff Stearns
U.S. Representative



Blanche Lincoln
U.S. Senator



John Lewis
U.S. Representative