

PATIENT EDUCATION

✓ Check insurance coverage BEFORE 1st Outpatient Pulmonary Rehab appointment

Patient Responsibility:

- It is up to each patient to know their insurance coverage and payment requirements for their healthcare.
- We recommend contacting your insurance company *before* your visit to verify your coverage for pulmonary rehabilitation.

What to tell the insurance company:

- Outpatient monitored pulmonary rehab was ordered for me.
- The services will be provided in a hospital outpatient setting at: (your location)
- My diagnosis is:

Ask the insurance company the following suggested questions:

- Does my plan cover pulmonary rehab (CPT codes G0238, G0239, G0424)? **YES/NO**
- Do I need a referral from my primary care provider? **YES/NO**
- Do I need prior authorization? If yes, please see below. **YES/NO**
- How many pulmonary rehab visits will be covered?
- Have I met my annual deductible? **YES/NO**
- What is my responsibility for pulmonary rehab after the out-of-pocket max is met?
- Do I have a co-pay? **YES/NO**
If yes, how much is it?
- Is the co-pay per session or per day? **YES/NO**
Does this apply after max is met?

Ask the insurance company (non-Medicare):

Some insurance companies do not recognize the codes listed above. Please use the following questions below.

- Do I need a referral or prior authorization from my primary care provider? **YES/NO**
- Can I attend more than one session per day? **YES/NO**
- How many pulmonary rehab visits will be covered?
- Have I met my annual deductible? **YES/NO**
- What is my responsibility for pulmonary rehab after the out-of-pocket max is met?
- Do I have a co-pay per visit? **YES/NO**
If yes, how much is it?
- Is the co-pay per session or per day? **YES/NO**
Does this apply after max is met?

If you require a prior authorization, please contact your rehab team so this process can be started. It can take at least 10-14 days or longer to complete the process.