

Pulmonary Rehabilitation Physician Referral Form

Patient Name: _____ MRN: _____ Phone # _____

Address: _____
Street City State Zip

Referring Diagnosis: (please check the reverse side for specific ICD-9 codes)

Based on guidelines from the Center for Medicare & Medicaid Services, the following diagnostic criteria and/or ICD-9 codes on the reverse side are covered when referring patients to the Phase II Pulmonary Rehabilitation program:

Diagnosis: _____ **Preferred Start Date:** _____

ICD-9 Code(s): _____
Most common ICD-9 codes: 491, 493 and 496 (see reverse side for additional codes)

I authorize the Pulmonary Rehabilitation Center to:

- Schedule a symptom limited cardiopulmonary graded exercise test with 12 lead ECG prior to starting pulmonary rehabilitation to help formulate an exercise prescription, risk stratify each patient and assess need for supplemental oxygen during exercise.
- Schedule a Pulmonary Function Test (PFT), including DLCO, FVC and FVC1, *if not performed within the last three months* (per Medicare requirements) of initiating pulmonary rehabilitation.
- Perform a standard pre and post program six minute walk test.
- Allow participation in group/individual education sessions, use of breathing training techniques and counsel on smoking cessation per department protocol.

Limitations or any specific individual guidelines or protocols you want your patient to follow:

Please forward a copy of the patient's last physical exam performed within the last three months indicating the patient is physically able, motivated and willing to participate in pulmonary rehabilitation.

I consent to have my patient participate in the pulmonary rehabilitation program. I agree to have my patient counseled in all subjects related to pulmonary rehabilitation. I will continue regular medical care of my patient throughout his/her participation in the program. I agree to allow my patient to participate in the outpatient (Phase III) pulmonary rehabilitation program after completion of the Phase II program.

Name of Physician (please print) _____

Date: _____ MD/DO Signature: _____

For questions, please contact Dr. Richard Josephson, Medical Director, Cardiovascular Pulmonary Rehabilitation Center, @ (216) 844-5380 or Richard Sukeena, Manager, @ (216) 844-2814. Please fax referral and completed forms to: **UH Case Medical Center at (216) 844-2249 or UH Chagrin Highlands Health Center at (216) 839-4513.**

ICD-9 Codes that Support Pulmonary Rehabilitation

135	Sarcoidosis
277	Cystic Fibrosis without meconium ileus
277.02	Cystic Fibrosis with pulmonary manifestations
416	Primary pulmonary hypertension
491.1	Simple chronic bronchitis
491.20	Obstructive chronic bronchitis without acute exacerbation
491.8	Other chronic bronchitis
492.8	Other Emphysema
493.20	Chronic Obstructive Asthma unspecified
493.82	Cough-variant asthma
494.0	Bronchiectasis without acute exacerbation
496.0	Chronic airway obstruction not elsewhere classified (COPD)
500	Coal workers' pneumoconiosis
501	Asbestosis
502	Pneumoconiosis due to other silica or silicates
503	Pneumoconiosis due to other inorganic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumoconiosis unspecified
506.4	Chronic respiratory conditions due to fumes and vapors
506.9	Unspecified respiratory conditions due to fumes and vapors
508.1	Chronic and other pulmonary manifestations due to radiation
515	Postinflammatory pulmonary fibrosis
516	Pulmonary alveolar proteinosis
516.2	Pulmonary alveolar microlithiasis
516.3	Idiopathic fibrosing alveolitis
516.8	Other specified alveolar and parietoalveolar pneumonopathies
518.89	Other diseases of lung not elsewhere classified