

## Program Structure Pulmonary Rehab

**Please Note: Pulmonary Rehab is 100% telemedicine, and there are no in-person appointments.**

### Program

3 Days per Week (Monday, Wednesday, Friday): 1-hour sessions (via Zoom)

- Class times may vary based on patient skill level and availability
- Patients submit a **Daily Therapy Journal** each day – this allows their assigned clinician to continuously monitor their vitals even when they are not in class

### Patient Onboarding

- Patients have an initial Zoom consultation with their assigned clinician prior to starting 3 days/week pulmonary rehab to discuss past medical history and establish a proper treatment plan\*\*
- Each patient receives a starter kit prior to starting pulmonary rehab that contains the necessary equipment needed to participate in class and take their vitals at home – this will contain:
  - Incentive Spirometer – with (Respiratory Muscle Trainer)
  - Pulse Oximeter
  - Exercise Bands
  - vPEP (Flutter Device)
  - Pedometer
  - Harmonica
  - Hand and Foot Bike

### Program Length

Our pulmonary rehab program is 12 Weeks (36 Sessions):

- During the initial assessment, patients are given a tentative graduation date based on their starting date in pulmonary rehab
- Upon graduating LTV pulmonary rehab, patients have an exit interview with their assigned clinician where they will discuss ways they can continue exercising and staying active

### What Happens During Class?

In addition to exercise, our pulmonary rehab program educates patients on proper diet and nutrition to treat COPD and teaches them a variety of breathing techniques they can utilize upon completion of the program.

RMMG telemedicine pulmonary rehab models the same structure each class:

- Check-in (record vitals)
- Warm-up
- Main exercise
- Cool down
- Check-out (record vitals)

\*\* Each patient will continue to have a monthly follow-up conference with their assigned clinician to assess their progress in pulmonary rehab and establish new goals to accomplish during their time in our program

**Fax Completed Referral to 800-307-3523**

## Telemedicine Pulmonary Rehabilitation Program Referral Form

### Participant Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Insurance #: \_\_\_\_\_ Secondary Insurance #: \_\_\_\_\_

### To Be Completed by Physician

**1. ICD-10 Code MUST be included with diagnosis (Please check the appropriate box)**

**Admit to Pulmonary Rehab Program – 36 sessions**

<u>Diagnosis</u>	<u>ICD-10 Code</u>
<input type="checkbox"/> COPD	J44.9
<input type="checkbox"/> Chronic Bronchitis	J42
<input type="checkbox"/> Emphysema	J43.9
<input type="checkbox"/> Bronchiectasis	J47.9
<input type="checkbox"/> Pulmonary Fibrosis	J84.10
<input type="checkbox"/> Cystic Fibrosis	E84.9
<input type="checkbox"/> Asthma	J45.909
<input type="checkbox"/> Long Transplant Status	Z94.2
<input type="checkbox"/> Aftercare Following Lung Transplant	Z48.24
<input type="checkbox"/> Personal History of COVID-10	U07.5
<input type="checkbox"/> Post COVID-19 Pneumonia	J12.82
<input type="checkbox"/> Other Lung Disease/Surgery	_____

**\*\*Please send a copy of the most recent office note with your referral**

**2. Participant is:**

- Tobacco Free  
 On the following smoking cessation program \_\_\_\_\_

**3. Participant is prescribed oxygen therapy:**

- No  
 Yes \_\_\_\_\_ L/min  Continuously  At night  Other: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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