Pulmonary Rehabilitation

Date of Origin: 06/2005 **Last Review Date: 10/28/2020** **Effective Date: 11/02/2020**

Dates Reviewed: 05/2006, 05/2007, 05/2008, 11/2009, 02/2011, 01/2012, 08/2013, 07/2014, 09/2015, 11/2016, 10/2017, 10/2018, 10/2019, 10/2020

Developed By: Medical Necessity Criteria Committee

I. Description

Pulmonary rehabilitation is a restorative and preventative process for patients who are diagnosed with a chronic pulmonary disease. Pulmonary rehabilitation programs utilize a multidisciplinary approach in the areas of exercise training, psychosocial support, education, and follow-up. The purpose of the program is to help individuals improve their quality of life and restore them to their highest possible functional capacity.

II. Criteria: CWQI HCS-0057

A. Medically supervised outpatient pulmonary rehabilitation will be covered to plan limitations for **1 or more** of the following conditions

a. The patient has a diagnosis of chronic pulmonary disease and **ALL** of the following:
   i. The patient is referred by a board-certified pulmonologist or primary care physician who is actively involved in the patient's care.
   ii. The patient has been diagnosed with **1 or more** of the following:
      1. Alpha-1-Antitrypsin Deficiency
      2. Asbestosis
      3. Asthma
      4. Chronic airflow obstruction
      5. Chronic bronchitis
      6. Chronic obstructive pulmonary disease (COPD)
      7. Cystic fibrosis
      8. Fibrosing alveolitis
      9. Pneumoconiosis
      10. Pulmonary alveolar proteinosis
      11. Pulmonary fibrosis
      12. Pulmonary hemosiderosis
      13. Radiation pneumonitis
      14. Other documented chronic lung disease or conditions that affect pulmonary function, such as (not all-inclusive):
         a. Amyotrophic lateral sclerosis (ALS)
         b. Ankylosing spondylitis
         c. Bronchopulmonary dysplasia

d. Guillain-Barre' syndrome or other infective polyneuritis
e. Muscular dystrophy
f. Myasthenia gravis
g. Paralysis of the diaphragm
h. Sarcoidosis
i. Scoliosis

iii. The patient has dyspnea at rest or with exertion
iv. The patient has a reduction of exercise tolerance in the past thirty days which restricts the ability to perform activities of daily living
v. Symptoms persist despite appropriate medical management
vi. The patient has a moderate to moderately severe functional pulmonary impairment as evidenced by FEV1 at values 25-60% of that predicted (values below 25% indicate severe disease process; levels over 60% indicate normalization)
vii. The patient is physically able, motivated and willing to participate in the pulmonary rehabilitation program and will be a candidate for self-care post program
viii. There are no other medical/psychological limitations such as (not all inclusive) symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last 6 months, dysrhythmia, active joint disease, claudication, malignancy

b. The patient is preoperative or postoperative lung transplant **or** reduction pneumoplasty

c. Pulmonary rehabilitation is not being requested for any other indications as those are considered experimental and investigational because the clinical effectiveness other than the indications listed above has not been established.

d. Moda Health considers pre-operative pulmonary rehabilitation in persons undergoing surgery for lung cancer experimental or investigational because the effectiveness of this approach has not been established

e. NOTE – Pulmonary rehabilitation is NOT considered medically necessary in persons who have very severe pulmonary impairment as evidenced by dyspnea at rest, difficulty in conversation (one-word answers), inability to work, cessation of most of all usual activities making them housebound and often limiting them to bed or chair with dependency upon assistance from others for most ADL. According to available guidelines, persons with very severe pulmonary impairment are not appropriate candidates for pulmonary rehabilitation

Limitations:

- A typical course of pulmonary rehabilitation is outpatient and extends for up to 6-8 weeks.
- Coverage of pulmonary rehabilitation may be subject to applicable plan limitations for short-term rehabilitation therapies.

III. Information Submitted with the Prior Authorization Request:

1. The last six months of medical records from the ordering physician indicating diagnosis and current medical management.
2. Results of recent pulmonary function test

IV. CPT or HCPC codes covered: (Note: list may not be all inclusive)

Codes	Description
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
G0238	Therapeutic procedures to increase respiratory function, other an described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)
G0424	Pulmonary rehabilitation, including exercise (includes monitoring) one hour, per session, up to 2 sessions per day
S9473	Pulmonary rehabilitation program, non-physician provider, per diem
94669	Mechanical chest wall oscillation to facilitate lung function, per session

V. Annual Review History

Review Date	Revisions	Effective Date
08/2013	Annual Review: Added table with review date, revisions, and effective date.	08/28/2013
07/2014	Annual Review: No change	07/2014
09/2015	Annual review- added ICD-9 and ICD-10 codes, Medicare Reference	09/23/2015
11/2016	Annual review: No change	11/30/2016
10/25/2017	Annual Review: Updated to new template, no changes	10/25/2017
10/2018	Annual Review: No change	10/25/2018
10/2019	Annual Review: No change	11/01/2019
10/2020	Annual Review: CPT code 94669 added. Grammar updates and wording rearrangement, no content change.	11/02/2020

VI. References

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4. Griffiths TL, Phillips CJ, Davies S, et al. Cost effectiveness of an outpatient multidisciplinary pulmonary rehabilitation program. Thorax 2001; 56:779-784.
5. Ketelaars CA, Abu-Saad HH, Schlosser MA, et al. Long-term outcome of pulmonary rehabilitation in patients with COPD. Chest. 1997; 112:363-369.
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12. Ries AL, Bauldoff GS, Carlin BW, et al. Pulmonary rehabilitation: joint AACP/AACVPR evidence-based clinical practice guidelines. Chest. 2007 May;131(5 Supple):4S-42S.
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14. Rossi G, Florini F, Romagnoli M, et al. Length and clinical effectiveness of pulmonary rehabilitation in outpatients with chronic airway obstruction. Chest. 2005; 127:105-109.
15. Spruit MA, Wouters EF. New modalities of pulmonary rehabilitation in patients with chronic obstructive pulmonary disease. Sports Med. 2007;37(6):501-518.
16. Tiep BL. Disease management of COPD with pulmonary rehabilitation. Chest 1997; 112:1630-1656
17. ZuWallack R, Hedges H. Primary care of the patient with chronic obstructive pulmonary disease-part 3: Pulmonary rehabilitation and comprehensive care for the patient with chronic obstructive pulmonary disease. Am J Med. 2008;121(7 Suppl):S25-S32.
18. Centers for Medicare & Medicaid Services; National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8); Effective date 9/25/2007; Implementation Date 1/7/2008
19. Physician Advisors

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
D86.0	Sarcoidosis of lung
E84.0	Cystic fibrosis with pulmonary manifestations
J41.0-J41.8	Simple and mucopurulent chronic bronchitis
J43.0-J43.9	Emphysema
J44.0-J44.9	Other chronic obstructive pulmonary disease
J47.0-J47.9	Bronchiectasis
J60	Coalworker's pneumoconiosis

J62.0-J62.8	Pneumoconiosis due to dust containing silica
63.0-J63.6	Pneumoconiosis due to other inorganic dusts
J64	Unspecified pneumoconiosis
J66.0-J66.8	Airway disease due to specific organic dust
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J70.1	Chronic and other pulmonary manifestations due to radiation
J70.9	Respiratory conditions due to unspecified external agent
J84.01-J84.09	Alveolar and parieto-alveolar conditions
J84.10	Pulmonary fibrosis, unspecified
J84.89	Other specified interstitial pulmonary diseases
J86.0	Pyothorax with fistula
J98.2	Interstitial emphysema
J98.4	Other disorders of lung
M41.20	Other idiopathic scoliosis, site unspecified
M45.9	Ankylosing spondylitis of unspecified sites in spine
P27.0	Wilson-Mikity syndrome
P27.1	Bronchopulmonary dysplasia originating in the perinatal period
P27.8	Other chronic respiratory diseases originating in the perinatal period
Z94.2	Lung transplant status

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	**NCD/LCD Document (s):**
National Coverage Determination (NCD) Pulmonary Rehabilitation Services (240.8)	
https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=320&ncdver=1&DocID=240.8&kq=true&bc=gAAAABAAAAAAAA%3d%3d&	

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC