

Pulmonary Rehabilitation

Date of Origin: 06/2005

Last Review Date: 10/25/2023

Effective Date: 11/1/2023

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, 10/2021, 09/2022, 10/2023

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. Emphysema
 9. Fibrosing alveolitis
 10. Pneumoconiosis
 11. Pulmonary alveolar proteinosis
 12. Pulmonary fibrosis
 13. Pulmonary hemosiderosis
 14. Radiation pneumonitis
 15. Other documented chronic lung diseases 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 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 as 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 dates, revisions, and effective dates.	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
10/2021	Annual Review: Added emphysema to the list of diagnoses	11/1/2021
09/2022	Annual Review: No changes	10/1/2022
10/2023	Annual Review: No changes	11/1/2023

VI. References

1. AARC Clinical Practice Guidelines: Pulmonary Rehabilitation. *Respiratory Care* 2002; 47(5):617-625
2. Casaburi R, Kukafka D, Copper C, et al. Improvement in exercise tolerance with the combination of tiotropium and pulmonary rehabilitation in patients with COPD. *Chest*. 2005; 127:809-817.
3. Eaton T, Young P, Fergusson W, et al. Does early pulmonary rehabilitation reduce acute health-care utilization in COPD patients admitted with an exacerbation? A randomized controlled study. *Respirology*. 2009;14(2):230-238.
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.
6. Kang SW. Pulmonary rehabilitation in patients with neuromuscular disease. *Yonsei Med J*. 2006 Jun 30;47(3):307-14.
7. Man W, Polkey M, Donaldson N, et al. Community pulmonary rehabilitation after hospitalization for acute exacerbations of chronic obstructive pulmonary disease: randomized controlled study. *BMJ*, doi:10.1136/bmj.38258.662720.3A (published 25 October 2004).
8. Puhan M, Scharplatz M, Trooster T, et al. Respiratory rehabilitation after acute exacerbation of COPD may reduce risk for readmission and mortality-a systematic review. *Respiratory Research* 2005, 6:54
9. Puhan M, Scharplatz M, Troosters T, et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*. 2009;(1):CD005305.
10. Pulmonary Rehabilitation: Is it for you? The Cleveland Clinic Health Information Center. Accessed on February 22, 2011 at: www.clevelandclinic.org.
11. Pulmonary rehabilitation: Joint ACCP/AACVPR evidence-based guidelines. ACCP/AACVPR Pulmonary Rehabilitation Guidelines Panel. *Chest*. 1997; 112(6):1630-1656.
12. Ries AL, Bauldoff GS, Carlin BW, et al. Pulmonary rehabilitation: joint AACCP/AACVPR evidence-based clinical practice guidelines. *Chest*. 2007 May;131(5 Supple):4S-42S.
13. Ries AL, Make BJ, Reilly JJ. Pulmonary rehabilitation in emphysema. *Proc Am Thorac Soc*. 2008;5(4):524-529.
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. Tjep 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