



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number: 070

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Outpatient Pulmonary Rehabilitation

PRIOR AUTHORIZATION: Not required.

POLICY: SWHP/FirstCare covers inpatient and outpatient pulmonary rehabilitation that is medically necessary as outlined below.

Prior authorization may be required for outpatient physical and/or occupational therapy services provided as part of a multi-disciplinary outpatient pulmonary rehabilitation program.

Additional program components (e.g., instruction regarding the use of equipment, breathing exercises, respiratory therapy) do not require prior authorization, and are covered under standard benefits to the extent that they are reasonable and necessary to, and do not exceed, the individual member's treatment needs. Authorization requests are reviewed to evaluate member eligibility, medical necessity, and clinical appropriateness of requested services.

Outpatient Pulmonary Rehabilitation is considered medically necessary when **ONE** or more of the following criteria are met:

- The member is pre- or post-lung transplant surgery; **OR**
- The member plans to undergo reduction pneumoplasty (lung volume reduction surgery) for emphysema; **OR**
- A member with moderate to severe chronic lung disease or other condition that affects pulmonary function, **AND**
 - is willing and able to participate in the therapy program, **AND**
 - does not have any concomitant medical condition that would otherwise contribute to deterioration of pulmonary status or undermine the expected benefits of the program, **AND**
 - has dyspnea at rest or with exertion, and has a reduction in exercise tolerance that restricts the ability to perform activities of daily living, **AND**
 - symptoms persist despite appropriate medical management, **AND**
 - has abstained from smoking tobacco products for at least 3 months, **AND**



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number: 070

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

- has a moderate to severe functional pulmonary disability as reported by testing.

Requests for coverage of outpatient Pulmonary Rehabilitation for members with other conditions/diagnoses (e.g., advanced restrictive lung disease, interstitial pulmonary fibrosis) may be approved by a physician reviewer when the attending pulmonologist documents that the member's significant functional limitations (e.g., decreased exercise tolerance associated with significant desaturation with exertion, with dependence on supplemental oxygen support) are expected to improve through enrollment in a Pulmonary Rehabilitation Program.

Coverage for outpatient pulmonary rehabilitation is typically limited to one course of treatment (e.g., 2 visits/week for up to 12 weeks in most programs) per member. Additional sessions may be covered when at least **THREE** of the following criteria are met:

1. There is evidence of a recent acute episode of illness (e.g., pneumonia, bronchitis) resulting in decrease in respiratory and/or functional status (decreased 6-minute walk distance after previous training);
2. There is evidence of optimizing medical management (recent physician office visits showing appropriate interventions such as medication adjustment, procedure, diagnostic testing) with a goal to improving respiratory symptoms and to reduce COPD exacerbations;
3. The member has not required or received skilled therapy for > 6 months. (Active participation in a maintenance program is not considered skilled therapy.)
4. There is documentation of satisfactory completion of previous pulmonary rehabilitation program, and member compliance with prior discharge plan including home program, medication and O2 administration, and maintaining smoke free status.
5. Significant change in focus of care from previous program such as new prescription for oxygen or new medication regimen.

Additional courses of treatment are not covered for preoperative preparation for lung transplant or lung volume reduction surgery.

Exclusions:

Outpatient Pulmonary Rehabilitation is not covered in situations where SWHP/FirstCare determines the member has significant medical co-morbidities or behavioral health conditions that may be expected to substantially limit his/her ability to participate in, or benefit from, a multi-disciplinary pulmonary rehabilitation program. Conditions that may exclude members from coverage include, but are not limited to:

- Unstable cardiac disease including angina, arrhythmia and CHF (Left Ventricular 30%)
- Acute or unstable medically uncompensated cor pulmonale
- Metastatic cancer
- Morbid obesity (BMI \geq 40)
- Substance abuse
- Continued tobacco use

OVERVIEW: Outpatient Pulmonary Rehabilitation services are used to improve respiratory function in patients with chronic obstructive lung disease. Pulmonary Disease (COPD) and other chronic respiratory conditions may benefit as well.



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number:	070
Effective Date:	12/01/2020
Last Review:	10/24/2020
Next Review Date:	10/24/2021

Pulmonary rehabilitation is a multi-disciplinary program most commonly used for patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD), designed to increase the patient’s endurance and tolerance of physical exertion, provide nutritional and lifestyle counseling, improve the patient’s psychological well-being and quality of life, and achieve and maintain the individual’s maximum level of independence and functioning in the community.

Comprehensive pulmonary rehabilitation programs provide varied services, including (but not limited to) pulmonary function testing, physical conditioning/rehabilitation, psychosocial and behavior intervention, and patient education. A typical course of outpatient pulmonary rehabilitation extends for 6-12 weeks in duration.

Clinical evidence supports the use of pulmonary rehabilitation for patients with stable COPD who have symptoms of dyspnea, reduced exercise tolerance, or restriction of activities due to the pulmonary impairment despite optimal medical management. The decision to use pulmonary rehabilitation is usually based on the patient’s symptoms in relationship to daily activities. Diagnoses may include moderate chronic obstructive pulmonary disease, or pulmonary fibrosis. Patients who are status-post pulmonary surgery (e.g., pneumonectomy, lung transplant or lung reduction surgery) may also benefit from pulmonary rehabilitation.

Pulmonary rehabilitation is usually more effective during a period of clinical stability or after recovery from an acute exacerbation rather than during acute respiratory exacerbation. It is expected that patients are receiving optimal medical therapy, and motivated to Participate and complete the pulmonary rehabilitation program.

Pulmonary rehabilitation is contraindicated in patients with conditions that would interfere with program completion (e.g., arthritis, learning impairments, severe psychiatric disease) or put the patient at greater risk by participating in an exercise program (e.g., recent myocardial infarction, unstable angina, or pulmonary hypertension).

MANDATES: There are no mandated benefits or regulatory requirements for SWHP/FirstCare to provide coverage for these services.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	78580 Pulmonary perfusion imaging (e.g., particulate) 78599 Unlisted respiratory procedure, diagnostic nuclear medicine 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation 94799 Unlisted pulmonary service or procedure
HCPCS:	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 improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number: 070

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

	<p>G0239 therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)</p> <p>G0424 Pulmonary rehabilitation, including exercise, one hour, per session</p> <p>S9473 Pulmonary rehabilitation program, nonphysician, provider, per diem</p>
ICD10	<p>D86.0 - D86.9 Sarcoidosis</p> <p>E84.0 - E84.9 Cystic Fibrosis</p> <p>G65.0 - G65.2 Sequelae of inflammatory and toxic polyneuropathies</p> <p>G70.00 - G70.9 Myasthenia gravis and other myoneural disorders</p> <p>G71.0 - G71.9 Primary disorders of muscles</p> <p>G72.0 - G72.9 Other and unspecified myopathies</p> <p>J41.1 - J44.9 Chronic Bronchitis, Emphysema & Other COPD</p> <p>J45.xx - J45.xxx Asthma</p> <p>J47.0 - J47.9 Bronchiectasis</p> <p>J60 - J70.9 Lung Disease due to external agent</p> <p>J81.1 - J84.9 Interstitial Respiratory Disease</p> <p>Transplant codes:</p> <p>T86.810 Lung transplant rejection</p> <p>T86.811 Lung transplant failure</p> <p>T86.812 Lung transplant infection</p> <p>T86.818 Other complications of lung transplant</p> <p>T86.819 Unspecified complication of lung transplant</p> <p>Z48.24 Encounter for aftercare following lung transplant</p> <p>Z94.2 Lung transplant status</p>
ICD10 Not covered	<p>C00.0 - C96.9 Malignant neoplasm</p> <p>F17.200 - F17.299 Nicotine dependence</p> <p>I21.01 - I22.9 ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction</p> <p>I25.10 - I25.9 Chronic ischemic heart disease</p> <p>I47.0 - I49.9 Paroxysmal tachycardia, atrial fibrillation and flutter and other cardiac arrhythmias</p> <p>I50.20 - I50.9 Heart failure</p> <p>I73.89 - I73.9 Other specified and unspecified peripheral vascular disease</p> <p>I82.0 - I82.91 Other venous embolism and thrombosis</p> <p>M00.00 - M25.9 Arthropathies</p> <p>Z87.891 Personal history of nicotine dependence</p>

CMS: There is no applicable LCD. NCD 240.8 Pulmonary Rehabilitation: "Pulmonary rehabilitation was defined in a 1999 joint statement of the American Thoracic Society and the European Respiratory Society as a multi-disciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy and an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualized treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systematic manifestations of the disease.

Although services that make up pulmonary rehabilitation individually may be covered under Medicare and fall into various applicable benefit categories, the Centers for Medicare & Medicaid Services (CMS) has determined that the Social Security Act (the Act) does not expressly define a comprehensive Pulmonary Rehabilitation



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number: 070

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

Program as a Part B benefit. In addition, respiratory therapy services are identified as covered services under the Comprehensive Outpatient Rehabilitation Facility benefit and defined in 42 CFR 410.100(e)(1) to (2)(vi)."

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	12/28/2010	Reviewed
Reviewed	12/6/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	10/24/2013	ICD10 codes added
Reviewed	08/21/2014	No changes
Reviewed	09/24/2015	No changes
Reviewed	09/29/2016	Clarification of coverage criteria
Reviewed	08/29/2017	Reviewed and revised codes, CMS section, and references
Reviewed	07/03/2018	Reviewed CMS section and coverage statement.
Reviewed	09/26/2019	Clarified coverage criteria

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP/FirstCare will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP/FirstCare so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

- Dyer CA, White R. Pulmonary rehabilitation -- the evidence base. *Gerontology*. 2001;47(5):231-235.
- American Association for Respiratory Care (AARC). AARC clinical practice guideline: Pulmonary rehabilitation. Dallas, TX: American Association for Respiratory Care (AARC); 2002.
- British Thoracic Society. Pulmonary rehabilitation. British Thoracic Society Standards of Care Subcommittee on Pulmonary Rehabilitation. *Thorax*. 2001;56(11):827-834.
- Petty TL. COPD in perspective. *Chest*. 2002;121(5 Suppl):116S-120S. McDermott A. Pulmonary rehabilitation for patients with COPD. *Prof Nurse*. 2002;17(9):553-556.
- Cambach W, Wagenaar RC, Koelman TW, et al. The long-term effects of pulmonary rehabilitation in patients with asthma and chronic obstructive pulmonary disease: A research synthesis. *Archiv Phys Med Rehab*. 1999;80(1):103-111.
- Jones A, Rowe BH. Bronchopulmonary hygiene physical therapy in bronchiectasis and chronic obstructive pulmonary disease: A systematic review. *Heart Lung*. 2000;29(2):125-135.
- Carson KV, Chandratilleke MG, Picot J, et al. Physical training for asthma. *Cochrane Database Syst Rev*. 2013 Sep 30, (9): CD001116. Doi: 10.1002/14651858.CD001116.pub4.
- Bradley J, Moran F, Greenstone M. Physical training for bronchiectasis. *Cochrane Database Syst Rev*. 2002;(2):CD002166.
- O'Donnell DE, Aaron S, Bourbeau J, et al. Canadian Thoracic Society recommendations for management of chronic obstructive pulmonary disease-- 2003. *Can Respir J*. 2003;10 Suppl A:11A-65A.
- Sin DD, McAlister FA, Man SF, Anthonisen NR. Contemporary management of chronic obstructive pulmonary disease: Scientific review. *JAMA*. 2003;290(17):2301-2312.
- National Institute for Health and Clinical Excellence: Guidance (NICE). Chronic obstructive Pulmonary Disease: Management of Chronic Obstructive Pulmonary Disease in Adults in Primary and Secondary Care (Internet). London Royal College of Physicians (UK); 2010 Jun.



MEDICAL COVERAGE POLICY

SERVICE: Outpatient Pulmonary Rehabilitation

Policy Number: 070

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

11. Bateman ED, Feldman C, O'Brien J, et al. Guideline for the management of chronic obstructive pulmonary disease (COPD): 2004 revision. *S Afr Med J*. 2004;94(7 Pt 2):559-575.
12. Maltais F, Bourbeau J, Lacasse Y, et al. A Canadian, multicentre, randomized clinical trial of home-based pulmonary rehabilitation in chronic obstructive pulmonary disease: Rationale and methods. *Can Respir J*. 2005;12(4):193-198
13. Salman GF, Mosier MC, Beasley BW, Calkins DR. Rehabilitation for patients with chronic obstructive pulmonary disease: Meta-analysis of randomized controlled trials. *J Gen Intern Med*. 2003;18(3):213-221.
14. Puhan M A, Scharplatz M, Troosters T, Steurer J. Respiratory rehabilitation after acute exacerbation of COPD may reduce risk for readmission and mortality: A systematic review. *Respir Research*. 2005;6(1):54.
15. Kang SW. Pulmonary rehabilitation in patients with neuromuscular disease. *Yonsei Med J*. 2006;47(3):307-314.
16. Van Houtte S, Vanlandewijck Y, Gosselink R. Respiratory muscle training in persons with spinal cord injury: A systematic review. *Respir Med*. 2006;100(11):1886-1895.
17. Nici L, Donner C, Wouters E, et al; ATS/ERS Pulmonary Rehabilitation Writing Committee. American Thoracic Society/European Respiratory Society statement on pulmonary rehabilitation. *Am J Respir Crit Care Med*. 2006;173(12):1390-1413.
18. Trikalinos TA, Raman G, Kupelnick B, et al. Pulmonary rehabilitation for COPD and other lung diseases. Technology Assessment. Prepared by the Tufts-New England Medical Center Evidence-Based Practice Center (EPC) for the Agency for Healthcare Research and Quality (AHRQ). Rockville, MD: AHRQ; November 21, 2006.
19. Lacasse Y, Goldstein R, Lasserson TJ, Martin S. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev*. 2006;(4):CD00379.
20. Ries AL, Bauldoff GS, Carlin BW, et al. Pulmonary rehabilitation: Joint ACCP/AACVPR evidence-based clinical practice guidelines. *Chest*. 2007;131(5 Suppl):4S-42S.
21. Spruit MA, Wouters EF. New modalities of pulmonary rehabilitation in patients with chronic obstructive pulmonary disease. *Sports Med*. 2007;37(6):501-518.
22. 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.
23. Ries AL, Make BJ, Reilly JJ. Pulmonary rehabilitation in emphysema. *Proc Am Thorac Soc*. 2008;5(4):524-529.
24. Nici L. Preoperative and postoperative pulmonary rehabilitation in lung cancer patients. *Thorac Surg Clin*. 2008;18(1):39-43.
25. Celi, MD Bartolome R, Up-to-Date Pulmonary Rehabilitation; Last updated July 13, 2017. Access at <https://www.uptodate.com/contents/pulmonary-rehabilitation>
26. McCarthy B, Casey D, Devane D, et al. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev* 2015 Feb 23 (2)