



Updated Pulmonary Rehabilitation Policy

June 3, 2020

We recently updated our pulmonary rehabilitation policy by adding “post COVID-19 infection” to covered indications when the member has significant residual lung disease.

Please see the attached policy for details regarding the expanded testing criteria coverage.



Pulmonary Rehabilitation Program

DESCRIPTION

Pulmonary rehabilitation (PR) is a multidisciplinary program of care for Members with chronic respiratory impairments who are symptomatic. It is a comprehensive program of therapy that includes intensive medical management, as monitored through pulmonary function tests and oxygen saturation, enabling patients with advanced chronic lung diseases to perform age-appropriate activities of daily living (ADL). Although PR is used primarily for patients with chronic obstructive pulmonary disease (COPD), it is also used in patients with other chronic lung conditions, such as interstitial diseases, asthma, cystic fibrosis, bronchiectasis, thoracic cage abnormalities, ventilator dependency and neuromuscular disorders. In addition, it is part of the evaluation, preparation for, and recovery from surgical intervention such as lung transplantation and lung volume reduction surgery.

COVERED HCPCS CODES

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 each 15 minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function , other than services described by G0237, two or more individuals (includes monitoring)
G0302	Pre-operative pulmonary surgery services for preparation for Lung volume reduction surgery (LVRS), complete of services, to include a minimum of 16 days of services
G0303	Pre-operative pulmonary surgery services for preparation for Lung volume reduction surgery (LVRS), 10 to 15 days of services
G0304	Pre-operative pulmonary surgery services for preparation for Lung volume reduction surgery (LVRS), 1 to 9 days of services
G0305	Post-discharge pulmonary surgery services after Lung volume reduction surgery (LVRS), minimum of 6 days of services
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem

NON-COVERED CPT® CODES for this Indication

(SEE EXCLUSION #1)

94760	Noninvasive Ear/Pulse Oximetry, Oxygen Saturation; Single Determination
94761	Noninvasive Ear/Pulse Oximetry, Oxygen Saturation; Multiple Determinations
A9300	Exercise Equipment

COVERAGE CRITERIA

1. A comprehensive, individualized, goal-directed program of outpatient pulmonary rehabilitation is covered for HAP/AHL Members when BOTH of the following criteria are met:
 - a. The Member has either of the following:
 - i. Chronic pulmonary disease (such as: asthma, bronchiectasis, bronchiolitis obliterans, chronic bronchitis, cystic fibrosis, emphysema, interstitial lung disease, post-COVID-19 infection)
 - ii. Impaired pulmonary function that stems from restrictive conditions (such as: neuromuscular disorders, thoracic cage abnormalities such as ankylosing spondylitis, sarcoidosis, lung cancer)
 - b. The Member has moderate to moderately severe respiratory impairment as evidenced by ALL of the following:
 - i. Persistent or recurrent symptoms with frequent exacerbations despite optimal medical management (e.g., bronchodilators, oxygen)
 - ii. Member has moderate to severe functional pulmonary disability based on either of the following:

- A. Pulmonary function tests results reflecting that either the forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC ratio, or diffusion capacity for carbon monoxide (Dlco) is less than 60 % of that predicted.
 - B. A maximal pulmonary exercise stress test under optimal bronchodilator treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO2max) equal to or less than 20 ml/kg/min, or about 5 metabolic equivalents (METS)
 - iii. Chronic functional disability limiting the ability to complete age-appropriate activities of daily living (ADLs) due to a reduction in exercise tolerance
 - iv. Member has dyspnea at rest or with exertion
 - v. Member does not have a recent history of smoking or has quit smoking for at least 3 months
 - vi. Member is physically able, motivated and willing to participate in the pulmonary rehabilitation program and be a candidate for self-care post program
 - vii. Member does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last 6 months, dysrhythmia, active joint disease, claudication, malignancy).
2. A comprehensive, individualized, goal-directed program of outpatient pulmonary rehabilitation is covered as a postoperative intervention for lung transplantation and lung volume reduction surgery (LVRS)
 3. Coverage of services is based on the Member's subscriber documents. Please refer to those resources for information regarding eligibility for coverage, network or provider requirements. If the Member has coverage for the services discussed in this policy, then the medical criteria applies.
 - a. Must be ordered by a Pulmonologist.
 4. Some services require pre-authorization by a HAP Medical Director or designee, please refer to the Procedure reference list for specific code information.
 5. Medicaid Providers should refer to:
 - a. The Michigan Medicaid Provider Manual for coverage criteria, located at: <http://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf>
 - b. The Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html

LIMITATIONS

1. Please refer to Member's subscriber documents for visit limitations.
 - a. Non-QHP HAP/AHL Members including Medicare Advantage Members are eligible for up to two (2) one-hour sessions per day, for up to 36 lifetime sessions (in some cases, up to 72 lifetime sessions) unless otherwise indicated in the Member's subscriber contracts.
 - b. QHP Members may have different visit limits – please refer to Member's subscriber contracts.

EXCLUSIONS

1. Pulse oximetry is considered an integral part of the rehabilitation session and cannot be billed separately.
2. Pulmonary rehabilitation is contraindicated in Members with any of the following comorbidities or complications:
 - a. Documentation of current smoking and/or refusal to enroll in a smoking cessation program
 - b. Active infection
 - c. Acute cor pulmonale
 - d. Exacerbation of intercurrent illness
 - e. Recent myocardial infarction
 - f. Severe pulmonary hypertension
 - g. Significant hepatic dysfunction
 - h. Uncontrolled hypertension
 - i. Unstable angina
 - j. Unstable cardiovascular condition
3. Pulmonary rehabilitation is considered not reasonable and necessary when used for any of the following purposes:
 - a. Treatment provided to prevent or slow deterioration in function or prevent reoccurrences
 - b. Treatment intended to improve or maintain general physical condition
 - c. Long-term rehabilitative services when significant therapeutic improvement is not expected.
 - d. Treatment involves repetitive services for chronic baseline conditions
 - e. When the Member is unable to sustain gains, there is a plateau in the progress towards goals indicating minimal or no potential for further substantial progress, or no evidence of overall improvement.

4. The use, rental, or purchase of exercise equipment is not covered for HAP/AHL Members. This would include any charges for fitness center or health club memberships unless otherwise directed by subscriber documents.

REFERENCES:

1. MEDICARE REFERENCE:

- a. National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8)
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=320&ncdver=1&DocID=240.8&bc=gAAAAAgAAAAAA%3d%3d&>
- b. National Coverage Determination (NCD) for Lung Volume Reduction Surgery (Reduction Pneumoplasty) (240.1)
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=119&ver=3>
- c. MLN Matters. Pulmonary Rehabilitation (PR) Services. Center for Medicare & Medicaid Services. MLN Matters® Number: MM6823 Revised Related Change Request (CR) #: 6823. Related CR Release Date: May 7, 2010 Effective Date: January 1, 2010. Related CR Transmittal #: R124BP and R1966CP Implementation Date: October 4, 2010. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6823.pdf>

2. MEDICAID REFERENCE:

- a. Michigan Medicaid Provider Manual. <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
 - i. Billing & Reimbursement for Institutional Providers
 - A. SECTION 7 – HOSPITAL CLAIM COMPLETION – OUTPATIENT
 - I. 7.24 REHABILITATION SERVICES
 - ii. Hospital
 - A. SECTION 3 – COVERED SERVICES
 - I. 3.27 REHABILITATION SERVICES

This Benefit policy discusses the medical criteria for covered services. Coverage of services for Members is based on the Member's subscriber documents and are subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Subscriber contract and associated riders; Member Benefit Guide; or an Evidence of Coverage document (for Medicare Advantage Members).

HAP HMO/POS and AHL EPO/PPO Members:

If there is a discrepancy between this policy and coverage described in the subscriber documents, the Member's subscriber documents will apply.

ASO Members:

Coverage as discussed in this policy may not apply to employer groups that are self-funded (referred to as an ASO group [Administrative Services Only]). Each ASO group determines the coverage available to their members which is found in the ASO Benefit Guide and associated riders. If a member has coverage for the type of service covered by this policy, then the medical criteria as discussed in this policy applies to those services.

Medicare Advantage Plan Members:

Coverage is based on Medicare (CMS) regulations and guidelines which include the NCDs (National Coverage Decision) and LCDs (Local Coverage Decision) for our area. When no coverage determination has been made by CMS, then this policy will apply.

Medicaid Plan Members:

For Medicaid/Healthy Michigan Plan members coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at:

http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a

discrepancy between this policy and the Michigan Medicaid Provider Manual located at:

http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will apply.

EFFECTIVE DATE

09/01/2000

REVISED DATE

05/27/2020

REVIEWED DATE

05/27/2020

Disclaimer: This HAP benefit policy was prepared for the intended audience of professional clinical persons. HAP reserves the sole right for interpretation and clarification of this or any HAP benefit policies. Coverage may vary based on the Member's HAP contract.

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