Medical Policy

Pulmonary Rehabilitation, Outpatient

Policy Number: OCA 3.62
Version Number: 13
Version Effective Date: 05/01/16

Product Applicability

☑ All Plan* Products

Well Sense Health Plan
☑ New Hampshire Medicaid
☑ NH Health Protection Program

Boston Medical Center HealthNet Plan
☑ MassHealth
☑ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☑ Senior Care Options ◊

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers a medically supervised outpatient pulmonary rehabilitation program for a respiratory impairment to be medically necessary when Plan medical criteria are met. Prior authorization is required. It will be determined during the Plan’s prior authorization process if the service is considered medically necessary for the requested indication. See the Plan policy, Medically Necessary (policy number OCA 3.14), for the product-specific definitions of medically necessary treatment.
Description of Item or Service

Pulmonary Rehabilitation: A multi-disciplinary program of care for a patient with a chronic respiratory impairment; the program is individually tailored and designed to optimize physical and social performance and autonomy (as defined by the American Association of Respiratory Care). A pulmonary rehabilitation program consists of exercise training, education, psychosocial and behavioral intervention, and regular assessment of outcomes. Most pulmonary rehabilitation programs consist of 2-3 sessions per week for 8-10 weeks and last about 1-2 hours. Supervised upper and lower extremity exercises last for 30-60 minutes (based upon tolerance) and involve strength and endurance with pursed lip breathing to minimize dyspnea. Sessions for education and psychosocial support generally last 60 minutes and consist of strategies to minimize breathing difficulties that include energy conservation skills, other breathing techniques, proper medication use, nutrition, and other related principles.

Medical Policy Statement

The Plan considers a medically supervised outpatient pulmonary rehabilitation program to be medically necessary when ALL of the following applicable Plan criteria are met and documented in the member’s medical record, as specified below in items 1 through 5:

1. The member has at least ONE (1) of the following conditions, as specified below in items a through d:
   a. Impaired pulmonary function from a chronic pulmonary disease (e.g., asthma, bronchiectasis, bronchiolitis obliterans, chronic bronchitis, cystic fibrosis, emphysema, interstitial lung disease, chronic obstructive pulmonary disease/COPD [including alpha-1-antitrypsin deficiency], or bronchiolitis obliterans); OR
   b. Impaired pulmonary function from chest wall disease (e.g., thoracic cage abnormalities, kyphoscoliosis, ankylosing spondylitis, or post tuberculosis syndrome); OR
   c. Impaired pulmonary function that stems from restrictive conditions (e.g., neuromuscular disorders, interstitial lung diseases, interstitial fibrosis, occupational or environmental lung disease, sarcoidosis, connective tissue diseases, hypersensitivity pneumonitis, lymphangiendotheliomatosis, or acute respiratory distress syndrome/ARDS survivors); OR
   d. Other conditions causing impaired pulmonary function (e.g., lung cancer, pulmonary hypertension, thoracic and abdominal surgery before and/or after surgery, lung transplantation before and/or after surgery, lung volume reduction surgery before and/or after surgery, or ventilator dependency); AND

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2. The member is experiencing moderate to moderately severe respiratory impairment as evidenced by at least ONE (1) of the following, as specified below in item a or item b:

a. The member has ALL of the following signs and symptoms, as specified below in items (1) through (3):

   (1) Persistent or recurrent symptoms with frequent exacerbations despite optimal medical management (e.g., bronchodilators, oxygen); AND

   (2) Forced expiratory volume (FEV1) or peak expiratory flow (PEF) < 60% predicted, PEF variability > 30%; AND

   (3) Chronic functional disability limiting the ability to complete age-appropriate activities of daily living (ADLs); OR

b. The member is pre or post lung transplantation or lung volume reduction surgery (LVRS); AND

3. A request for ongoing treatment (after the initial prior authorization) includes a treatment plan that is expected to significantly improve the member’s condition within a reasonable period of time or prevent the worsening of the member’s pulmonary function; AND

4. The member agrees to program participation; AND

5. The outpatient pulmonary rehabilitation program meets at least ONE (1) of the following criteria, as specified below in items a through c:

a. Program is accredited by the American Academy of Cardiovascular and Pulmonary Rehabilitation (AACVPR); OR

b. Program is accredited by the Joint Commission Disease-Specific Care Certification for Pulmonary Rehabilitation; OR

c. Program includes ALL of the following components, as specified below in items (1) through (3):

   (1) The program must be prescribed by a physician; AND
(2) The program must be comprehensive and include the components specified below in items (a) through (f):

(a) Patient assessment prior to entry into the program to determine medical appropriateness; screening includes, ALL of the following, as specified below in items I through iv:

i. Documented history; AND

ii. Physical examination, AND

iii. Review of pulmonary function tests and any radiological findings to determine need for supplemental oxygen, establish baseline, and assess if there is improvement in disease; AND

iv. Walk test (usually 6 or 12 minute test) at the beginning of the program to determine exercise capacity; AND

(b) Supervised exercise program that includes endurance or interval training and strength training of upper and lower extremities utilizing pursed lip breathing and energy conservation skills with established member’s specific goals using ANY of the following equipment, as specified below in items i through vi:

i. Free weights; OR

ii. Cycle ergometer; OR

iii. Recumbent stepper and/or bicycle; OR

iv. Treadmill; OR

v. Stair climber; OR

vi. Upper extremity ergometer; AND

(c) Education of pulmonary disease and risk factor modification, including ALL of the following, as specified below in items i through iv:

i. Adherence to flu and pneumonia vaccination; AND

ii. Energy conservation; AND

iii. Medication instruction; AND
iv. Smoking cessation (if applicable); AND

(d) Nutrition intervention and counseling; AND

(e) Psychosocial assessment and support (either on a one-to-one basis or in a group setting) that address ALL of the following, as specified below in items i through iii:

i. Anxiety; AND

ii. Depression; AND

iii. Difficulties in coping with a pulmonary impairment; AND

(f) Walk test is repeated at the end of the program to evaluate the patient’s progress; AND

(3) Program includes in home instruction.

Limitations

1. The Plan considers pulmonary rehabilitation to be experimental and investigational for ANY of the following conditions, as specified below in items a through d:

a. Member has an orthopedic or neurologic condition that reduces mobility or capability for endurance training or strength training; OR

b. Member has a poorly controlled co-morbidity such as a significant or unstable medical condition (e.g., unstable cardiac disease, congestive heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke) or severe psychiatric illness (e.g., dementia or organic brain syndrome); OR

c. Member exhibits poor motivation, inability to learn, and/or non-compliance; OR

d. Repeat course of pulmonary rehabilitation, either as maintenance therapy in members who initially respond or in members who fail to respond or whose response to an initial rehabilitation program has diminished over time.
2. Plan Medical Director review is required for ANY of the following, as specified below in item a or item b:

a. Member is an active smoker (with the expectation that smoking cessation efforts have been attempted and are documented or the member); OR

(Note: An exception to smoking cessation criteria may be considered in situations when a significantly ill member is referred for pulmonary rehabilitation services by a licensed independent practitioner (i.e., medical doctor, doctor of osteopathy, doctor of naturopathic medicine, physician assistant, or advanced practice registered nurse who is operating within the scope of his/her license) who is serving as the member’s primary care provider or attending physician when the member is discharged from an acute hospital setting directly to an outpatient pulmonary rehabilitation program, and the member has demonstrated compliance with the initiation of smoking cessation. The referring license independent practitioner must document that the member is a good candidate to maintain long-term compliance with smoking cessation.)

b. Member does not meet criteria specified in the Medical Policy Statement section of this policy.

See the Plan’s policy, *Experimental and Investigational Treatment* (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment.

**Definitions**

**Bronchiectasis:** An abnormal and permanent dilatation of the small, medium, and/or large-sized airways predisposing to the pooling of secretions within those altered airways. Pulmonary conditions known to predispose patients to bronchiectasis and include intense or persistent lung infections (e.g., tuberculosis, necrotizing pneumonias, fungal pneumonias, post-obstructive infections), aspiration airway injury, sarcoidosis, allergic bronchopulmonary aspergillosis, and/or congenital airway disorders.

**Bronchitis:** Central airway inflammation resulting in mucus production and cough; the causes of bronchitis include infection and inflammation. Chronic bronchitis is defined clinically as the presence of a productive cough for at least three (3) months over the last two (2) years that is not attributable to other causes.

**Chronic Obstructive Pulmonary Disease (COPD):** A group of chronic and progressive respiratory disorders characterized by airway obstruction that significantly impair expiratory airflow. Patients who have chronic bronchitis or emphysema with or without asthma are often considered to have COPD. The hallmark symptom of COPD is dyspnea. Certain conditions predispose patients to the development of COPD, include asthma, chronic bronchitis, poorly defined genetic characteristics, early childhood respiratory infections, passive and active smoke exposure, and environmental exposure to pollutants, dust, and noxious gases.
**Emphysema:** The permanent enlargement of air spaces distal to the terminal bronchioles that are accompanied by destruction of alveolar walls.

### Applicable Coding

The Plan uses and adopts up-to-date Current Procedural Terminology (CPT) codes from the American Medical Association (AMA), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) diagnosis codes developed by the World Health Organization and adapted in the United States by the National Center for Health Statistics (NCHS) of the Centers for Disease Control under the U.S. Department of Health and Human Services, and the Health Care Common Procedure Coding System (HCPCS) established and maintained by the Centers for Medicare & Medicaid Services (CMS). Because the AMA, NCHS, and CMS may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes included in this Plan policy is for informational purposes only, may not be all inclusive, and is subject to change without prior notification. Whether a code is listed in the Applicable Coding section of this Plan policy does not constitute or imply member coverage or provider reimbursement. Providers are responsible for reporting all services using the most up-to-date industry-standard procedure and diagnosis codes as published by the AMA, NCHS, and CMS at the time of the service.

Providers are responsible for obtaining prior authorization for the services specified in the Medical Policy Statement section and Limitation section of this Plan policy, even if an applicable code appropriately describing the service that is the subject of this Plan policy is not included in the Applicable Coding section of this Plan policy. Coverage for services is subject to benefit eligibility under the member’s benefit plan. Please refer to the member’s benefits document in effect at the time of the service to determine coverage or non-coverage as it applies to an individual member. See Plan reimbursement policies for Plan billing guidelines.

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description: Codes Covered When Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0237</td>
<td>Therapeutic procedures to improve strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0238</td>
<td>Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0239</td>
<td>Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)</td>
</tr>
<tr>
<td>G0424</td>
<td>Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day</td>
</tr>
<tr>
<td>S9473</td>
<td>Pulmonary rehabilitation program, non-physician provider, per diem</td>
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Clinical Background Information

Pulmonary rehabilitation is an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased activities of daily living. Pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation in physical and social activities, and reduce health care costs by stabilizing or reversing systemic manifestations of lung disease according to the American Thoracic Society (ATS) and European Respiratory Society (ERS). Pulmonary rehabilitation programs are most often used for patients who have symptomatic lung disease such as COPD, but can be useful in managing patients with many other chronic lung conditions such as asthma, cystic fibrosis, bronchiectasis, before and after lung transplantation and lung volume reduction surgery, neuromuscular conditions with a pulmonary component, and/or thoracic cage abnormalities.

Exercise intolerance is one of the main factors that limit participation in activities of daily living in patients with chronic lung disease. The overall goal of pulmonary rehabilitation programs is to reduce and improve the management of symptoms of dyspnea while increasing endurance and tolerance to physical exertion. Secondary goals include education and improvement in psychosocial elements related to quality of life for patients with chronic respiratory disease.

There are few risks associated with pulmonary rehabilitation programs which may consist of respiratory discomfort with exacerbation of dyspnea related to the intensity and duration of exercise. Pulmonary rehabilitation is generally contraindicated in patients who are medically unstable, have severe psychiatric disease, comorbid medical conditions, and/or unmotivated or physically unable to participate in the program.

References


Jacome CI, Marques AS. Pulmonary rehabilitation for mild chronic obstructive pulmonary disease: a 1 systematic review. Respir Care. Oct 8 2013. PMID 24106321.


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**Pulmonary Rehabilitation, Outpatient**

<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
</tr>
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<tbody>
<tr>
<td>Regulatory Approval: N/A Internal Approval: 02/06/07</td>
<td>02/06/07 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>Quality and Clinical Management Committee (Q&amp;CMC)</td>
</tr>
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*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12

*Effective Date for the Well Sense Health Plan New Hampshire Medicaid Product(s): 01/01/13

### Policy Revisions History

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
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<tr>
<td>03/11/08</td>
<td>No changes.</td>
<td>Version 2</td>
<td>03/11/08: MPCTAC 03/25/08: Utilization Management Committee (UMC) 04/15/08: QIC</td>
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<td>02/24/09</td>
<td>No changes.</td>
<td>Version 3</td>
<td>02/24/09: MPCTAC 02/24/09: UMC 03/25/09: QIC</td>
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<td>02/23/10</td>
<td>No changes.</td>
<td>Version 4</td>
<td>02/22/10: MPCTAC 03/24/10: QIC</td>
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<tr>
<td>02/01/11</td>
<td>Updated references, no changes to criteria.</td>
<td>Version 5</td>
<td>02/16/11: MPCTAC 03/23/11: QIC</td>
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<tr>
<td>02/01/12</td>
<td>Updated clinical criteria, references and coding.</td>
<td>Version 6</td>
<td>02/28/12: MPCTAC 03/28/12: QIC</td>
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<tr>
<td>07/29/12</td>
<td>Off cycle review for Well Sense Health Plan, updated Summary statement and revised language in the Applicable Coding section.</td>
<td>Version 7</td>
<td>08/03/12: MPCTAC 09/05/12: QIC</td>
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<tr>
<td>12/01/12</td>
<td>Review for effective date 05/01/13. Revised text in Summary and Description of Item or Service sections, reformatted criteria in Medical Policy Statement, updated language in Applicable Coding section, removed duplicate text in Clinical Background Information section, moved text from Clinical Background Information section to 05/01/13 Version 8</td>
<td>12/19/12: MPCTAC 01/31/13: QIC</td>
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<tr>
<th>Date Range</th>
<th>Description</th>
<th>Version</th>
<th>Authorizing Entity</th>
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<tr>
<td>08/14/13 and 08/15/13</td>
<td>Off cycle review for Well Sense Health Plan and merged policy format. Incorporate policy revisions dated 12/01/12 (as specified above) for the Well Sense Health Plan product; these policy revisions were approved by MPCTAC on 12/19/12 and QIC on 01/31/13 for applicable Plan products.</td>
<td>Version 9</td>
<td>08/14/13: MPCTAC (electronic vote) 08/15/13: QIC</td>
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<tr>
<td>11/01/13, 12/01/13, and 01/01/14</td>
<td>Review for effective date 03/01/14. Updated 2013 code definitions without changing applicable code list. Updated References and Clinical Background Information sections. Reformatted Medical Policy Statement section and updated Limitations sections without changing criteria.</td>
<td>03/01/14 Version 10</td>
<td>01/15/14: MPCTAC 02/18/14: QIC</td>
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<td>11/01/14 and 12/01/14</td>
<td>Review for effective date 05/01/15. Updated criteria in the Medical Policy Statement and Limitations sections. Updated references.</td>
<td>05/01/15 Version 11</td>
<td>11/19/14: MPCTAC 01/14/15: QIC</td>
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<td>11/25/15</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products and notes. Revised language in the Applicable Coding section.</td>
<td>01/01/16 Version 12</td>
<td>11/18/15: MPCTAC (electronic vote) 12/09/15: QIC</td>
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<td>01/01/16</td>
<td>Review for effective date 05/01/16. Revised criteria in the Medical Policy Statement section. Updated references.</td>
<td>05/01/16 Version 13</td>
<td>01/201/16: MPCTAC 02/10/16: QIC</td>
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**Last Review Date**

01/01/16

**Next Review Date**

01/01/17

**Authorizing Entity**

QIC

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Other Applicable Policies

Medical Policy - *Experimental and Investigational Treatment*, policy number OCA 3.12
Medical Policy - *Medically Necessary*, policy number OCA 3.14

Disclaimer Information: +

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.