



Pulmonary Rehabilitation Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Pulmonary Rehabilitation		
MNG #: 092	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximus	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input checked="" type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 11/04/2021	Effective Date: 2/06/2022;
Last Revised Date: 8/17/2021; 9/08/2021; 4/27/2022, 8/10/2023;	Next Annual Review Date: 11/04/2022; 4/27/2023; 8/10/2024;	Retire Date:

OVERVIEW:

Pulmonary rehabilitation (PR) is a multidisciplinary program of care for patients with chronic respiratory impairment. It uses comprehensive and patient-tailored interventions to reduce their symptoms and improve their quality of life. The program consists of patient assessment, exercise training, alternative training modalities (e.g., breathing retraining and ventilatory muscle training), health promotion education (e.g., smoking cessation, long-term oxygen therapy, healthy nutrition and weight management, proper medication use, and disease self-management), and psychological support (e.g., improving self-efficacy and providing coping strategies for chronic illnesses). The goal of PR is to alleviate symptoms, prevent pathophysiological complications, optimize functional status, and to promote the long-term adherence of health-enhancing behaviors. By breaking the cycle of progressive deconditioning associated with inactivity, PR has been shown to decrease dyspnea, improve health-related quality of life, and prevent hospitalizations.

DEFINITIONS:

Pulmonary Exercise Stress Test: Cardiopulmonary exercise test (CPET) uses either a cycle ergometer or a treadmill to measure physiologic outcomes. It is used to assess the workload that the patient can achieve the peak oxygen uptake, the cardiac output (calculated from carbon dioxide production and oxygen uptake), and the relationship of minute ventilation to carbon dioxide production. CPET can or may be used when the etiology of the patient’s dyspnea remains unclear after initial evaluation and/or when dyspnea seems out of proportion to the severity of the patient’s known cardiac or pulmonary disease.

Pulmonary Function Test (PFT): Test used to evaluate lung function, to help diagnose lung diseases, and to determine the severity of lung function defects. The types of PFTs include spirometry, measurement of lung volumes and capacities, pulse oximetry, exercise testing, and diffusion capacity. It measures capacities (total lung capacity, inspiratory capacity, functional residual capacity, and maximal voluntary ventilation), volumes (tidal volume, expiratory reserve



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volume, inspiratory reserve volume, residual volume, forced expiratory volume in one second), ratios ($\frac{FEV_1}{FEV}$ ratio, $\frac{FEV_1}{VC}$ ratio), and flow rates and flow volume loops.

Very Severe Pulmonary Impairment: Persons with very severe pulmonary impairment may exhibit the following symptoms: Dyspnea at rest, difficulty in communication in a conversation (resulting in one-word answers), inability to work, and/or cessation of most of the person's usual activities (making them housebound or bed/chair-bound).

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

1. Commonwealth Care Alliance may cover supervised outpatient pulmonary rehabilitation (PR) when the member meets **all** of the following criteria:

- A. Member is diagnosed with at least one of the following chronic pulmonary diseases or medical conditions that affect pulmonary function; *and*
 - a. Medical conditions that may meet this criterion, but not limited to the following, are: Chronic obstructive pulmonary disease, interstitial lung disease, bronchiectasis, cystic fibrosis, asthma, emphysema, restrictive lung disease, thoracic cage abnormalities, neuromuscular disease, and pre- or post-lung transplant, and other lung surgeries.
- B. Member has moderate to severe functional pulmonary disability and/or high risk of exacerbation, as evidenced by *either* of the following:
 - a. A maximal pulmonary exercise stress test, when administered with optimal bronchodilatory treatment, that demonstrates a respiratory limitation to exercise with a maximal oxygen uptake ($VO_2\text{Max}$) ≤ 20 mL/Kg/min OR about five metabolic equivalents (METS); *or*
 - b. Pulmonary function tests that show either the forced expiratory volume in one second (FEV₁), Forced vital capacity (FVC), FEV_1/FVC ratio, or diffusion capacity for carbon monoxide (DLCO) is $< 60\%$ of that predicted; *and*
- C. Member does not have *any* concomitant medical condition that would otherwise imminently contribute to the deterioration of their pulmonary status and/or would undermine the expected benefits of PR; *and*
 - a. Medical conditions that would meet this criterion are, but not limited to: Symptomatic coronary artery disease, severe congestive heart failure, myocardial infarction within the last 6 months, dysrhythmia, active joint disease, severe arthritis, claudication, malignancy, or cognitive or psychiatric disorders.
- D. Member has dyspnea at rest or with exertion, *and*



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- E. Member has a reduction in exercise tolerance that restricts their ability to perform activities of daily living and/or work; *and*
- F. Member experiences disabling symptoms despite optimal medical management; *and*
- G. Member has the appropriate documentation for the PR program; *and*
 - a. Appropriate documentation may include but not limited to: Need for PR in the member's medical record, and pulmonary function tests.
- H. Member is physically able, motivated, and willing to participate in the PR program, and the member is a candidate for the self-care after program.

2. Commonwealth Care Alliance may cover supervised outpatient pulmonary rehabilitation (PR), if the program meets **all** of the following criteria:

- A. The PR program must include *all* of the following components: Physician-prescribed exercise, education or training related to the individual's care and treatment, psychosocial assessment, outcomes assessment, and an individualized treatment plan that details how components are utilized for each patient; *and*
- B. The PR program is furnished in a physician's office or a hospital outpatient setting; *and*
- C. The setting of the PR program must have a physician immediately available and accessible for medical consultations and emergencies, at all times, when services are being provided under the program;
 - a. This provision is satisfied if the physician meets the requirements for direct supervision for physician office services as specified at 42 CFR 410.26 and for hospital outpatient services as specified at 42 CFR 410.27; *and*
- D. The setting of the PR program must have the required cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary to treat chronic respiratory disease.

LIMITATIONS/EXCLUSIONS:

1. Commonwealth Care Alliance will limit PR program sessions to a maximum of 2, 1-hour sessions per day for up to 36 sessions.

A. In order to report one session of PR services in a day, the duration of treatment must be at least 31 minutes.

2. Requests for an additional 36 sessions after the initial authorization will require review from a CCA Medical Director to determine the medical necessity of further PR intervention.

3. Commonwealth Care Alliance will not cover supervised outpatient pulmonary rehabilitation, if any *one* of the conditions is present:

- A. If the member has any one of the following medical conditions: Severe psychiatric disturbance or cognitive deficit that would interfere with compliance or the ability to sustain gains, and medical conditions that may meet this condition include but not limited to: Dementia, and organic brain syndrome.



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- B. If the member has significant or unstable medical conditions. Medical conditions that may meet this condition include but not limited to: congestive heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, significant hepatic dysfunction, disabling stroke, metastatic cancer, and very severe pulmonary impairment.
- C. Repeat PR programs; *or*
- D. Routine or maintenance services for chronic baseline conditions when there is an inability to sustain gains, when there is a plateau in the member’s progress with no potential for further substantial progress, or when there is no overall improvement.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws (including the Plan’s applicable government program contracts) that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

CPT/HCPCS Code	Description
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)
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)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)
S9473	Pulmonary rehabilitation program, non-physician provider, per diem
*	NOTE: HCPCS Code A9300 Exercise Equipment is NOT COVERED



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REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Pulmonary rehabilitation references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Medicare Benefit Policy Manual, Publication 100-02, Chapter 12, Section 40.5

Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, Section 231

Medicare National Coverage Determinations, Publication 100-03, Chapter 1, Part 4, Section 240.8

Medicare Claims Processing Manual, Publication 100-04, Chapter 32, Section 140.4

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

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REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval
4/27/2022	Updated template used. Added the condition regarding additional PR sessions. Added that the benefit coverage is determined by the member’s specific benefit plan. Added CPT codes 94625 and 94626. Updated the regulatory notes to include the specific CMS documentation and references.



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8/17/2021	Definitions added: Pulmonary exercise stress test, pulmonary function test, and severe pulmonary impairment. Clinical coverage criteria: Specific program criteria added. Limitations and exclusions added.
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APPROVALS:

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12/31/2023

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