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OVERVIEW

Pulmonary rehabilitation (PR) is a multidisciplinary approach to reducing symptoms and improving quality of life in patients with compromised lung function. PR programs generally include a patient assessment followed by therapeutic interventions including exercise training, education, and behavior change.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Outpatient pulmonary rehabilitation is covered.

Home-based pulmonary rehabilitation programs are not covered for all Blue Cross & Blue Shield of Rhode Island (BCBSRI) products.

BlueCHiP for Medicare

Outpatient pulmonary rehabilitation beyond one course of treatment is typically not covered as the patient is expected to have been taught the appropriate self-care.

Commercial Products

Outpatient pulmonary rehabilitation beyond one course of treatment is typically not medically necessary as the patient is expected to have been taught the appropriate self-care.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Respiratory Therapy benefits/coverage.

BACKGROUND

In 2013, the American Thoracic Society and the European Respiratory Society defined pulmonary rehabilitation (PR) as a “comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to exercise training, education, and behavior change.” PR programs are intended to improve patient functioning and quality of life. Most research has focused on patients with chronic obstructive pulmonary disease, although there has been some interest in patients with asthma, cystic fibrosis, or bronchiectasis.

PR is also routinely offered to patients awaiting lung transplantation and lung volume reduction surgery. PR before lung surgery may stabilize or improve patients’ exercise tolerance, teach patients techniques that will help them recover after the procedure, and allow health care providers to identify individuals who might be suboptimal surgical candidates due to noncompliance, poor health, or other reasons.

Pulmonary rehabilitation programs are intended to improve the patient's functioning and quality of life and include exercise training, psychosocial support, and/or education. Programs typically include the following:

- **Team assessment** – input from physician, respiratory care practitioner, nurse, and psychologist, among others
- **Patient training** – breathing retraining, education on bronchial hygiene, proper use of medications, and proper nutrition
- **Psychosocial intervention** – addresses support system and dependency issues
- **Exercise training** – strengthening and conditioning, which may include stair climbing, inspiratory muscle training, treadmill walking, cycle training with or without ergometer, and supported and unsupported arm exercise training. Exercise conditioning is an essential component of pulmonary rehabilitation. Education in disease management techniques without exercise conditioning does not improve health outcomes of patients who have chronic obstructive pulmonary disease.

Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition. Contraindications to pulmonary rehabilitation include severe psychiatric disturbance (e.g., dementia, organic brain syndrome), and significant or unstable medical conditions (e.g., heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke).

A course of treatment typically consists of two 1-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions (not to exceed 72 sessions) if medically necessary. **Claims submitted for greater than 36 sessions will suspend for review.**

BlueCHiP for Medicare

Medicare covers pulmonary rehabilitation items and services for patients with moderate to very severe COPD (defined as GOLD classification II, III, and IV), when referred by the physician treating the chronic respiratory disease.

Pulmonary rehabilitation programs must include the following components:

- Physician-prescribed exercise. Some aerobic exercise must be included in each pulmonary rehabilitation session;
- Education or training closely and clearly related to the individual's care and treatment that is tailored to the individual's needs, including information on respiratory problem management and, if appropriate, brief smoking cessation counseling;
- Psychosocial assessment;
- Outcomes assessment; and,
- An individualized treatment plan detailing how components are utilized for each patient.

Pulmonary rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all times items and services are being furnished under the program.

CODING

BlueCHiP for Medicare and Commercial Products

The following codes are covered:

S9473 Pulmonary rehabilitation program, non-physician provider, per diem

G0424 Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day

For correct claims processing, claims should not include the following HCPCS codes. Instead, the codes listed above should be used.

- 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, two or more individuals (includes monitoring)

RELATED POLICIES

Lung Volume Reduction Surgery
 Non Reimbursable Health Service Codes

PUBLISHED

Provider Update, November 2019
 Provider Update, November/December 2018
 Provider Update, December 2017
 Provider Update, August 2016
 Provider Update, January 2016

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