

## Medical Coverage Policy | Outpatient Pulmonary Rehabilitation



**EFFECTIVE DATE:** 01|01|2020

**POLICY LAST UPDATED:** 03|15|2023

### OVERVIEW

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

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### Medicare Advantage Plans 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.

#### Medicare Advantage Plans

Outpatient pulmonary rehabilitation beyond one course of treatment is typically not covered as the individual 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 individual 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 assessment followed by tailored therapies that include, but are not limited to exercise training, education, and behavior change.” PR programs are intended to improve functioning and quality of life. Most research has focused on individuals with chronic obstructive pulmonary disease, although there has been some interest in individuals with asthma, cystic fibrosis, or bronchiectasis.

PR is also routinely offered to individuals awaiting lung transplantation and lung volume reduction surgery. PR before lung surgery may stabilize or improve exercise tolerance, teach 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 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
- **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 individuals 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 over an extended period of time (not to exceed 72 sessions) when program requirements are met.

According to Medicare Claims Processing Manual Chapter 32 – Billing Requirements for Special Services, as specified in 42 CFR 410.47, Medicare covers pulmonary rehabilitation items and services for individuals with moderate to very severe COPD (defined as GOLD classification II, III, and IV) when referred by the physician treating the chronic respiratory disease, or individuals who have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks.

Pulmonary rehabilitation programs must include the following components:

- Physician-prescribed exercise: Aerobic exercise combined with other types of exercise (such as conditioning, breathing retraining, step, and strengthening) as determined to be appropriate for individuals by a physician 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 and assists in achievement of goals toward independence in activities of daily living, adaptation to limitations and improved quality of life; 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 individual.

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**

### **Medicare Advantage Plans and Commercial Products**

The following code(s) are covered:

- 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)

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

For correct claims processing, claims should not include the following HCPCS code(s). 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

Non-Reimbursable Health Service Codes

## PUBLISHED

Provider Update, May 2023

Provider Update, July 2022

Provider Update, June 2021

Provider Update, November 2019

Provider Update, November/December 2018

## REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8). 2008; <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCAId=130&NcaName=Smoking+%26+Tobacco+Use+Cessation+Counseling&ExpandComments=n&CommentPeriod=0&NCDId=320&NCSelection=NCA%7CCAL%7CNCD%7CMEDCAC%7CTA%7CMCD&KeyW.> ccessed March 7, 2023.
2. Spruit MA, Singh SJ, Garvey C, et al. An official American Thoracic Society/European Respiratory Society statement: key concepts and advances in pulmonary rehabilitation. *Am J Respir Crit Care Med.* Oct 15 2013;188(8):e13-64. PMID 24127811
4. Puhan MA, Gimeno-Santos E, Cates CJ, et al. Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease. *Cochrane Database Syst Rev.* Dec 08 2016; 12: CD005305. PMID 27930803
5. McCarthy B, Casey D, Devane D, et al. Pulmonary rehabilitation for chronic obstructive pulmonary disease. *Cochrane Database Syst Rev.* Feb 23 2015; (2): CD003793. PMID 25705944
6. Rugbjerg M, Iepsen UW, Jorgensen KJ, et al. Effectiveness of pulmonary rehabilitation in COPD with mild symptoms: a systematic review with meta-analyses. *Int J Chron Obstruct Pulmon Dis.* 2015; 10: 791-801. PMID25945044
7. Roman M, Larraz C, Gomez A, et al. Efficacy of pulmonary rehabilitation in patients with moderate chronic obstructive pulmonary disease: a randomized controlled trial. *BMC Fam Pract.* Feb 11 2013; 14: 21. PMID23399113
8. Gottlieb V, Lyngso AM, Nybo B, et al. Pulmonary rehabilitation for moderate COPD (GOLD 2)--does it have an effect?. *COPD.* Oct 2011; 8(5): 380-6. PMID 21936683
9. Liu X-D, Jin H-Z, Ng B-P, et al. Therapeutic effects of qigong in patients with COPD: a randomized controlled trial. *Hong Kong J Occup Ther.* Aug 9 2012;22(1):38-46.<https://journals.sagepub.com/doi/pdf/10.1016/j.hkjot.2012.06.002>. Accessed February 1, 2023.
10. van Wetering CR, Hoogendoorn M, Mol SJ, et al. Short- and long-term efficacy of a community-based COPD management programme in less advanced COPD: a randomised controlled trial. *Thorax.* Jan 2010; 65(1): 7-13. PMID 19703824
11. Dowman L, Hill CJ, May A, et al. Pulmonary rehabilitation for interstitial lung disease. *Cochrane Database Syst Rev.* Feb 01 2021; 2: CD006322. PMID 34559419

12. Yu X, Li X, Wang L, et al. Pulmonary Rehabilitation for Exercise Tolerance and Quality of Life in IPF Patients: A Systematic Review and Meta-Analysis. *Biomed Res Int.* 2019; 2019: 8498603. PMID 31016200
13. Cheng L, Tan B, Yin Y, et al. Short- and long-term effects of pulmonary rehabilitation for idiopathic pulmonary fibrosis: a systematic review and meta-analysis. *Clin Rehabil.* Oct 2018; 32(10): 1299-1307. PMID29843523
14. Lee AL, Hill CJ, McDonald CF, et al. Pulmonary Rehabilitation in Individuals With Non-Cystic Fibrosis Bronchiectasis: A Systematic Review. *Arch Phys Med Rehabil.* Apr 2017; 98(4): 774-782.e1. PMID 27320420
15. Fishman A, Martinez F, Naunheim K, et al. A randomized trial comparing lung-volume-reduction surgery with medical therapy for severe emphysema. *N Engl J Med.* May 22 2003; 348(21): 2059-73. PMID 12759479
16. Hoffman M, Chaves G, Ribeiro-Samora GA, et al. Effects of pulmonary rehabilitation in lung transplant candidates: a systematic review. *BMJ Open.* Feb 03 2017; 7(2): e013445. PMID 28159852
17. Morano MT, Araujo AS, Nascimento FB, et al. Preoperative pulmonary rehabilitation versus chest physical therapy in patients undergoing lung cancer resection: a pilot randomized controlled trial. *Arch Phys Med Rehabil.* Jan 2013; 94(1): 53-8. PMID 22926460
18. Benzo R, Wigle D, Novotny P, et al. Preoperative pulmonary rehabilitation before lung cancer resection: results from two randomized studies. *Lung Cancer.* Dec 2011; 74(3): 441-5. PMID 21663994
19. Bradley A, Marshall A, Stonehewer L, et al. Pulmonary rehabilitation programme for patients undergoing curative lung cancer surgery. *Eur J Cardiothorac Surg.* Oct 2013; 44(4): e266-71. PMID 23959742
20. Beling J. Improved health-related quality of life after lung volume reduction surgery and pulmonary rehabilitation. *Cardiopulm Phys Ther J.* Sep 2009; 20(3): 16-22. PMID 20467519
21. Wickerson L, Mathur S, Brooks D. Exercise training after lung transplantation: a systematic review. *J Heart Lung Transplant.* May 2010; 29(5): 497-503. PMID 20133160
22. Langer D, Burtin C, Schepers L, et al. Exercise training after lung transplantation improves participation in daily activity: a randomized controlled trial. *Am J Transplant.* Jun 2012; 12(6): 1584-92. PMID 22390625
23. Fuller LM, Button B, Tarrant B, et al. Longer Versus Shorter Duration of Supervised Rehabilitation After Lung Transplantation: A Randomized Trial. *Arch Phys Med Rehabil.* Feb 2017; 98(2): 220-226.e3. PMID27697429
24. Munro PE, Holland AE, Bailey M, et al. Pulmonary rehabilitation following lung transplantation. *Transplant Proc.* Jan-Feb 2009; 41(1): 292-5. PMID 19249538
25. Stigt JA, Uil SM, van Riesen SJ, et al. A randomized controlled trial of postthoracotomy pulmonary rehabilitation in patients with resectable lung cancer. *J Thorac Oncol.* Feb 2013; 8(2): 214-21. PMID 23238118
26. Edvardsen E, Skjonsberg OH, Holme I, et al. High-intensity training following lung cancer surgery: a randomised controlled trial. *Thorax.* Mar 2015; 70(3): 244-50. PMID 25323620
27. Puhan MA, Gimeno-Santos E, Cates CJ, et al. Pulmonary rehabilitation following exacerbations of
28. Carr SJ, Hill K, Brooks D, et al. Pulmonary rehabilitation after acute exacerbation of chronic obstructive pulmonary disease in patients who previously completed a pulmonary rehabilitation program. *J Cardiopulm Rehabil Prev.* Sep-Oct 2009;29(5):318-324. PMID 19561523
29. COPD Working Group. Pulmonary rehabilitation for patients with chronic pulmonary disease (COPD): an evidence-based analysis. *Ont Health Technol Assess Ser.* 2012; 12(6): 1-75. PMID 23074434
30. Guell MR, Cejudo P, Ortega F, et al. Benefits of Long-Term Pulmonary Rehabilitation Maintenance Program in Patients with Severe Chronic Obstructive Pulmonary Disease. Three-Year Follow-up. *Am J Respir Crit Care Med.* Mar 01 2017; 195(5): 622-629. PMID 27611807
32. Wilson AM, Browne P, Olive S, et al. The effects of maintenance schedules following pulmonary rehabilitation in patients with chronic obstructive pulmonary disease: a randomised controlled trial. *BMJ Open.* Mar 11 2015; 5(3): e005921. PMID 25762226
33. Liu XL, Tan JY, Wang T, et al. Effectiveness of home-based pulmonary rehabilitation for patients with chronic obstructive pulmonary disease: a meta-analysis of randomized controlled trials. *Rehabil Nurs.* Jan-Feb 2014;39(1): 36-59. PMID 23780865

34. Vieira DS, Maltais F, Bourbeau J. Home-based pulmonary rehabilitation in chronic obstructive pulmonary disease patients. *Curr Opin Pulm Med*. Mar 2010; 16(2): 134-43. PMID 20104176
35. Neves LF, Reis MH, Goncalves TR. Home or community-based pulmonary rehabilitation for individuals with chronic obstructive pulmonary disease: a systematic review and meta-analysis. *Cad Saude Publica*. Jun 2020; 32(6). PMID 27333130
36. Maltais F, Bourbeau J, Shapiro S, et al. Effects of home-based pulmonary rehabilitation in patients with chronic obstructive pulmonary disease: a randomized trial. *Ann Intern Med*. Dec 16 2008; 149(12): 869-78. PMID19075206
37. Rochester CL, Vogiatzis I, Holland AE, et al. An Official American Thoracic Society/European Respiratory Society Policy Statement: Enhancing Implementation, Use, and Delivery of Pulmonary Rehabilitation. *Am J Respir Crit Care Med*. Dec 01 2015; 192(11): 1373-86. PMID 26623686
38. Wedzicha JA, Miravitlles M, Hurst JR, et al. Management of COPD exacerbations: a European Respiratory Society/American Thoracic Society guideline. *Eur Respir J*. Mar 2017; 49(3). PMID 28298398
39. Holland AE, Cox NS, Houchen-Wolloff L, et al. Defining Modern Pulmonary Rehabilitation. An Official American Thoracic Society Workshop Report. *Ann Am Thorac Soc*. May 2021; 18(5): e12-e29. PMID 33929307
40. Qaseem A, Wilt TJ, Weinberger SE, et al. Diagnosis and management of stable chronic obstructive pulmonary disease: a clinical practice guideline update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society. *Ann Intern Med*. Aug 02 2011; 155(3): 179-91. PMID 21810710

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