

Medical Coverage Policy



Outpatient Pulmonary Rehabilitation-PREAUTH

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	7/7/2009	Policy Last Updated:	7/2/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

The American Thoracic Society defines pulmonary rehabilitation as a multidisciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy.

Pulmonary rehabilitation (PR) 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

Medical criteria:

Outpatient pulmonary rehabilitation provided only in the ambulatory care setting is considered **medically necessary** for one of the following:

- Patients with chronic pulmonary disease who are experiencing disabling symptoms and significantly diminished quality of life in spite of optimal medical management; **OR**
- As a preoperative conditioning component for those patients anticipating lung volume reduction surgery; **OR**
- Lung transplantation.

PR program sessions are limited by Medicare to a maximum 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.

Policy:

Preauthorization is required for BlueCHiP for Medicare and recommended for all other BCBSRI products.

Outpatient pulmonary rehabilitation is considered **medically necessary** when the medical criteria above have been met.

Requests for inpatient pulmonary rehabilitation will be reviewed using criteria for inpatient rehabilitation level of care as well as pulmonary rehabilitation criteria.

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.

Home-based pulmonary rehabilitation programs are not covered for all BCBSRI products.

Coverage:

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

Note: Maintenance programs are contractually excluded and are not covered and billable to the member.

Coding:

The following codes are **covered** and **require preauthorization**:

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

G0424 Pulmonary rehabilitation, including aerobic exercise (includes monitoring), per hour, per session

The following codes are **not separately reimbursed** as **only S9473 or G0424 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)

4033F Pulmonary rehabilitation exercise training recommended (COPD)

Also Known As:

NA

Related Topics:

Lung Volume Reduction Surgery

<https://www.bcbsri.com/sites/default/files/polices/LungVolumeReduction.pdf>

Acute Inpatient Rehabilitation Level of Care

https://www.bcbsri.com/sites/default/files/polices/Acute_Inpt_Rehabilitation_Level.pdf

Published:

Provider Update, August 2013

Provider Update, March 2012

Provider Update, June 2011

Provider Update, October 2009

Provider Update, October 2008

Policy Update, March 2008

Policy Update, September 2006

Policy Update, October 2005

References:

Blue Cross Blue Shield Association Medical Policy Reference Manual 8.03.05 Outpatient
Pulmonary Rehabilitation Issue: 1/2013

Centers for Medicare and Medicaid Services. CMS Manual System: Pub 100-04 Medicare Claims
Processing Pulmonary Rehabilitation Services 140.4.

Review History:

07/02/2013: Annual review.

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