Medicare Part C Medical Coverage Policy

Pulmonary Rehabilitation

Origination: June 22, 1998
Review Date: June 21, 2017
Next Review: June, 2019

DESCRIPTION OF PROCEDURE OR SERVICE
Pulmonary rehabilitation provides individuals with chronic lung disease a physician-directed, individualized plan of care, using a multidisciplinary team of qualified healthcare professionals to improve physical conditioning, provide education about their disease process and limitations, and achieve an overall improvement in their functional status through prescribed exercise. This process allows the member to achieve and maintain an optimal level of independent functioning.

POLICY STATEMENT
Coverage will be provided for pulmonary rehabilitation when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION
Please refer to the member’s individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations, if the criteria are met.

Coverage decisions will be made in accordance with:
- The Centers for Medicare & Medicaid Services (CMS) national coverage decisions;
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member’s particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.

CRITERIA REQUIRED FOR COVERAGE APPROVAL
Preauthorization by the Plan for repeat or extension of pulmonary rehabilitation programs only is required;

AND
Diagnosis of moderate to very severe chronic obstructive pulmonary disease (COPD) defined as GOLD classification II, III, and IV when referred by the physician treating the chronic respiratory condition.

Additional Information for Consideration by the Reviewer
Pulmonary rehabilitation programs must include the following components. The physician and/or rehabilitation center must demonstrate the sessions include the following components, if requested by the Plan.

- Physician-prescribed exercise. Some aerobic exercise must be included in each pulmonary rehab session;
- Education or training closely and clearly related to the individual’s care and treatment which 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 individual treatment plan detailing how components are utilized for each patient.

WHEN COVERAGE WILL NOT BE APPROVED
- When the criteria for coverage is not met.

LIMITATIONS
Please refer to the individual member’s Evidence of Coverage for Benefit Limitations.

BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION
This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.

Applicable codes: G0424

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

SPECIAL NOTES
- Pulmonary rehabilitation sessions are limited to thirty-six (36) one (1)-hour sessions, up to a maximum of two (2) one-hour (1) sessions per day. There is also the option for an additional 36 sessions over an extended period of time, if medically necessary for a total of 72 sessions per member.

References:
1. Medicare Claims Processing Manual; Chapter 32 Rev. 1966; 5/07/2010), Section 140.4; Effective date 1/1/10; Accessed via Internet site www.cms.gov. Viewed on 06/21/17.
4. Updated COPD gold table for 2017; goldcopd.org; viewed online on 06/21/2017.

Policy Implementation/Update Information:
Revision Dates: September 12, 2001; November 8, 2001; November 14, 2001; February 23, 2005; August 23, 2006
Revision Date: May 16, 2007: Clarified PFT readings to align with the GOLD standard. No further criteria changes made.
Revision Date: September 2009: Removed initial session of pulmonary rehab from prior approval; formatting changes.
Revision Date: Updated policy to reflect CMS coverage effective 1/1/10 as noted in the Medicare Claims processing manual chapter 32.
Revision Date: Edited Pulmonary Benefit to 72 lifetime maximum, updated COPD classification chart.
Revision Date: Annual Review. No new CMS guidance, updated Classification of COPD per GOLD 2015.
Revision Date: Annual Review. No updates to Coverage Criteria; Updated Classification of COPD table per GOLD 2017.

Approval Dates:
Medical Coverage Policy Committee: June 21, 2017
Policy Owner: Carolyn Wisecarver, RN, BSN
Medical Policy Coordinator

GLOSSARY OF TERMS
GOLD classification stands for Global Initiative for Chronic Obstructive Lung Disease. It is an international initiative to raise awareness of COPD and improve the management of the disease.

COPD is classified from Levels 1 to 4. The disease is not static and is likely to worsen over time, even with optimal care. See the table below.

<table>
<thead>
<tr>
<th>Classification of COPD</th>
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<tbody>
<tr>
<td><strong>Stage 1: Mild</strong></td>
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<tr>
<td>FEV$_1$ ≥80% predicted</td>
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<tr>
<td><strong>Stage 2: Moderate</strong></td>
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<tr>
<td>50%≤FEV$_1$&lt;80% predicted</td>
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<td>Stage 3: Severe</td>
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<tr>
<td>Stage 4: Very Severe</td>
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