Pulmonary Rehabilitation (Outpatient)
Policy Number: PG0447
Last Review: 05/27/2021

GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE

X Professional (Services covered for Outpatient only)
X Facility (Outpatient)

DESCRIPTION

Pulmonary rehabilitation (PR) is a comprehensive multidisciplinary program of services designed to restore patients with compromised lung function to their highest possible functional capacity and independence. A comprehensive pulmonary rehabilitation program may include medical intervention, a psychosocial component, an educational component, both pulmonary-specific and general exercise, and nutritional consultation.

Pulmonary rehabilitation has been designed to engage the COPD patient in a multidisciplinary program that strives to increase endurance and tolerance of physical exertion, provide nutritional and lifestyle counseling, assist the patient in quitting smoking, and improve the psychological well-being and quality of life of the patient. Exercise training is considered critical since exercise tolerance is believed to generalize into a greater ability to perform activities of daily living. To accomplish these aims, PR programs are divided into two components, an exercise training component and an educational, counseling, and behavioral component. PR can take place in an inpatient setting or home environment, but outpatient-based programs have been the most widely used and evaluated.

Pulmonary rehabilitation in an outpatient setting, components include, but may not be limited to the following:
- Assessment of the individual
- Breathing exercises
- Education for the individual and family
- General exercise
- Lifestyle modifications to promote long-term adherence to health-enhancing behaviors
- Nutritional interventions
- Psychosocial support
- Strengthening program

The goal of pulmonary rehabilitation is not to achieve a maximum exercise tolerance, but to transfer treatment from a clinical setting once an individualized home exercise program has been established and the individual and any caregivers have an understanding of the exercise program. Primary objectives of pulmonary rehabilitation include:
- Help to restore the ability to function at the highest level of independence in regards to activities of daily living (ADLs)
- Improving day-to-day functioning and coping strategies

PG0447 – 05/27/2021
POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
- Outpatient Pulmonary Rehabilitation (G0237- G0239, G0302-G0305, and G0424) does not require prior authorization.

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
- Procedure Code S9473 is not covered.

COVERAGE CRITERIA

Coverage for pulmonary rehabilitation varies across plans. Please refer to the member’s benefit plan document for coverage details.

If coverage is available for pulmonary rehabilitation, the following conditions of coverage apply.

Paramount considers entry into a medically supervised outpatient pulmonary rehabilitation program medically necessary when ALL of the following criteria are met:

- Pulmonary rehabilitation is ordered by the PCP, in consultation with a pulmonologist or cardiothoracic surgeon actively involved in the patient’s respiratory care or is ordered by the pulmonologist or cardiothoracic surgeon; and
- Member has chronic pulmonary disease (including alpha-1 antitrypsin deficiency, asbestosis, asthma, emphysema, chronic airflow obstruction, chronic bronchitis, cystic fibrosis, fibrosing alveolitis, pneumoniaconiosis, pulmonary alveolar proteinosis, pulmonary fibrosis, pulmonary hemosiderosis, radiation pneumonitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, bronchopulmonary dysplasia, Guillain-Barre’ syndrome or other infective polynearthritis, muscular dystrophy, myasthenia gravis, paralysis of diaphragm, sarcoidosis, or scoliosis; Or
- Moderate to severe chronic obstructive pulmonary disease may be suggested by Stage 2 or worse on the Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria. A significantly diminished quality of life may be suggested by clinical symptoms equivalent to a Grade 2 or higher on the Modified Medical Research Council (mMRC) Dyspnea Scale as outlined below or a clinically equivalent assessment utilizing another instrument (COPD Assessment Test, Baseline Dyspnea Index, modified Borg Scale, etc.): and
  - Grade 2: Walks slower than people of the same age because of dyspnea or has to stop for breath when walking at own pace;
  - Grade 3: Stops for breath after walking 100 yards (91 m) or after a few minutes;
  - Grade 4: Too dyspneic to leave house or breathless when dressing.
- Member has dyspnea at rest or with exertion; and
- Member has a reduction in exercise tolerance that restricts the ability to perform activities of daily living and/or work; and
- Symptoms persist despite appropriate medical management; and
- Member does not have a recent history of smoking or has quit smoking for at least 3 months; and
- Member has a moderate to severe functional pulmonary disability as evidenced by either of the following:
  - A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO2max) equal to or less than 20 ml/kg/min, or about 5 metabolic equivalents (METS); or
  - Pulmonary function tests showing that either the forced expiratory volume in one second (FEV1), forced vital capacity (FVC), FEV1/FVC ratio, or diffusion capacity for carbon monoxide (DLco) is less than 60 % of that predicted; and
- Member is physically able, motivated and willing to participate in the pulmonary rehabilitation program and be a candidate for self-care post program; and
- Member does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last 6 months,
dysrhythmia, active joint disease, claudication, malignancy).

Pulmonary rehabilitation programs are considered medically necessary following lung transplantation or lung volume reduction surgery.

Outpatient pulmonary rehabilitation is the most medically appropriate setting for these services unless the individual independently meets coverage criteria for a different level of care. Outpatient pulmonary rehabilitation components include, but may not be limited to, the following:

- A pulmonary rehabilitation evaluation is considered medically necessary for the assessment of a respiratory impairment.
- Breathing exercises
- Education and training tailored to the patient’s and family’s needs
- General exercise
- Lifestyle modifications to promote long-term adherence to health-enhancing behaviors
- Nutritional interventions
- Psychosocial support
- Strengthening program (The focus is to strengthen the intercostal, scalene and sternocleidomastoid muscles (accessory), which aid in breathing.)
- The goal of pulmonary rehab is not to achieve a maximum exercise tolerance, but to transfer treatment from a clinical setting once an individualized home exercise program has been established and the individual and any caregivers have an understanding of the exercise program.

Multiple courses of pulmonary rehabilitation are considered not medically necessary.

Paramount considers routine, non-skilled, or maintenance care not medically necessary, such as:

- Repetitive services for chronic baseline conditions; or
- When there is an inability to sustain gains; or
- When there is a plateau in patient's progress toward goals, such that there is minimal or no potential for further substantial progress; or
- When there is no overall improvement; or
- In patients, who fail to respond or whose response to an initial rehabilitation program has diminished over time.

Paramount considers pulmonary rehabilitation experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established.

Paramount considers pre-operative pulmonary rehabilitation in persons undergoing surgery for lung cancer experimental and investigational because the effectiveness of this approach has not been established.

Pulmonary rehabilitation programs are considered investigational following other types of lung surgery (excluding lung transplant or lung volume reduction surgery), included but not limited to surgical resection of lung cancer.

Home-based pulmonary rehabilitation programs are considered investigational.

Pulmonary rehabilitation is not considered medically necessary in persons who have very severe pulmonary impairment as evidenced by dyspnea at rest, difficulty in conversation (one-word answers), inability to work, cessation of most of all usual activities making them housebound and often limiting them to bed or chair with dependency upon assistance from others for most ADL. According to available guidelines, persons with very severe pulmonary impairment are not appropriate candidates for pulmonary rehabilitation.

Potential contraindications to outpatient pulmonary rehabilitation include but may not be limited to, the following:

- Acute cor pulmonale
- Metastatic cancer
- Renal failure
- Severe arthritis
• Severe pulmonary hypertension
• Severe cognitive deficit
• Disabling stroke
• Coronary artery disease
• Significant hepatic dysfunction
• Uncontrolled cardiac disease
• Lung surgery (e.g., surgical resection of lung cancer)
• Severe neuropsychiatric disturbance (e.g., dementia, organic brain syndrome; inability to follow directions; inability to remember to perform activities)

Most Paramount plans exclude coverage of exercise equipment. Please check benefit plan descriptions for details. Itemized charges for the use, rental, or purchase of exercise equipment may not be covered expenses under these plans. This would include any charges for fitness center or health club memberships.

CODING/BILLING INFORMATION
The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
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<tr>
<th>HCPCS CODES</th>
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Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to https://www.paramounthealthcare.com/services/providers/medical-policies/.

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 11/13/2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation &amp; Changes</th>
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<tbody>
<tr>
<td>11/13/18</td>
<td>• Outpatient pulmonary rehabilitation (G0237-G0239, G0424, S9473) does not require prior authorization for HMO, PPO, Individual Marketplace, &amp; Elite</td>
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<td>• Code S9473 is Non-Medicare and therefore non-covered for Elite.</td>
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<td>• Members are eligible for one series per lifetime consisting of one to two hour sessions three times a week for a maximum of six weeks (36 session limit)</td>
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<td>• Outpatient pulmonary rehabilitation (G0237-G0239, G0424, S9473) is non-covered for Advantage per ODM guidelines</td>
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<tr>
<td></td>
<td>• Policy created to reflect most current clinical evidence per Medical Policy Steering Committee</td>
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<tr>
<td>12/09/2020</td>
<td>• Medical policy placed on the new Paramount Medical Policy Format</td>
</tr>
<tr>
<td>05/27/2021</td>
<td>• Policy created to reflect most current clinical evidence</td>
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</table>
Policy updated to indicate Outpatient pulmonary rehabilitation (G0237-G0239, G0424) is covered for the Advantage product, per ODM EAPG fee schedule

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid


Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets


Hayes, Inc.

Industry Standard Review