GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Chronic obstructive pulmonary disease (COPD) is an obstructive lung condition characterized by chronic dyspnea, or shortness of breath, and by expiratory airflow limitation that does not significantly fluctuate. COPD encompasses chronic bronchitis and emphysema; additionally, patients with chronic asthma, cystic fibrosis, bronchiectasis, and bronchiolitis may suffer from chronic airflow obstruction. Cigarette smoking is considered to be the single most important risk factor in the development of COPD, and, although overall rates of smoking are decreasing, morbidity and mortality from COPD continues to increase due to the long latency period before clinical disease occurs. Shortness of breath, or dyspnea, is the most disabling symptom for patients afflicted with COPD. Dyspnea can create a viscous cycle, where the patient avoids physical activity due to the discomfort, frustration, and panic brought on by dyspnea, which leads to further deconditioning, which increases dyspnea upon future exertion. The net result can be substantial disability and restriction of activity.

Pulmonary rehabilitation (PR) is a comprehensive program of services designed to restore patients with chronic pulmonary disease 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 is most commonly used in patients diagnosed with COPD, but may also be used in patients with other types of disabling respiratory disease.

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 programs

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

POLICY
Outpatient pulmonary rehabilitation (G0237-G0239, G0424, S9473) does not require prior authorization. Code S9473 is Non-Medicare and therefore non-covered for Elite.
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).

**HMO, PPO, Individual Marketplace, Elite, Advantage**

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

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.

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

A pulmonary rehabilitation evaluation is considered medically necessary for the assessment of a respiratory impairment.

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

- Member has chronic pulmonary disease (including alpha-1 antitrypsin deficiency, asbestosis, asthma, emphysema, chronic airflow obstruction, chronic bronchitis, cystic fibrosis, fibrosing alveolitis, pneumoconiosis, 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 polyneuritis, muscular dystrophy, myasthenia gravis, paralysis of diaphragm, sarcoidosis, or scoliosis; and
- 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).

Paromount 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.

Paromount 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.

Paromount 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 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
- Neurologic impairment that interferes with memory and compliance
- Renal failure
- Severe arthritis
- Severe pulmonary hypertension
- Severe cognitive deficit
- Significant hepatic dysfunction
- Uncontrolled cardiac disease

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).

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 appearance of a code in this section does not necessarily indicate coverage. 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>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0237</td>
<td>Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0238</td>
<td>Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)</td>
</tr>
<tr>
<td>G0239</td>
<td>Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)</td>
</tr>
<tr>
<td>G0424</td>
<td>Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day</td>
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<tr>
<td>S9473</td>
<td>Pulmonary rehabilitation program, non-physician provider, per diem</td>
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**REVISION HISTORY EXPLANATION**

11/13/18: Outpatient pulmonary rehabilitation (G0237-G0239, G0424, S9473) does not require prior authorization. Code S9473 is Non-Medicare and therefore non-covered for Elite. 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). Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.