

Pulmonary Rehab

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY PURPOSE

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

Comprehensive outpatient PR programs may include: team assessment, individual training, psychosocial intervention, exercise training, and follow-up. Individuals should have the ability to perform the exercise training and have a high level of motivation to participate in and complete the program.

Individuals for PR should be medically stable and not limited by another serious or unstable medical condition. Contraindications to PR include but are not limited to:

- Severe psychiatric disturbance (i.e., dementia, organic brain syndrome); or
- Significant or unstable medical conditions (i.e., heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, or disabling stroke); or
- Currently smoking.

The focus of therapy is to educate the individual and establish a program of adaptive changes to a chronic medical illness. The optimal outcome is achieved when the patient continues these adaptive changes on an independent basis after discharge from the program.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

Pulmonary Rehabilitation (PR) – A supervised program that includes exercise training, health education, and breathing techniques for people who have certain lung conditions or lung problems due to other conditions. (referenced from National Heart, Lung, and Blood Institute)

POLICY STATEMENT

A single course of PR in the outpatient ambulatory care setting may be considered medically necessary for ANY of the following indications:

- Treatment of chronic pulmonary disease for individuals with moderate to severe disease (see Table) who are experiencing disabling symptoms and significantly diminished QOL despite optimal medical management; or
- Pre-operative conditioning component for those considered appropriate candidates for lung volume reduction surgery or for lung transplantation; or
- Following lung transplantation.

Outpatient PR for any other indication not listed above is considered not medically necessary.

Table

Classification of Severity of Airflow Limitation in COPD a,b		
GOLD 1	Mild	FEV1 ≥ 80% predicted
GOLD 2	Moderate	50% ≤ FEV1 < 80% predicted
GOLD 3	Severe	30% ≤ FEV1 < 50% predicted
GOLD 4	Very Severe	FEV1 < 30% predicted
a Based on post-bronchodilator FEV1		
b In patients with FEV1/FVC < 0.70		

Comprehensive outpatient PR programs may include: team assessment, individual training, psychosocial intervention, exercise training, and follow-up. PR program length may be considered medically necessary for up to 18 sessions and is only eligible one time per three year period, depending on program and may include the following:

- Team assessment:
 - May include input from:
 - Physician; and
 - Respiratory care practitioner; and
 - Nurse; and
 - Psychologist; and
 - Others as needed.
- Individual training:
 - May include:
 - Breathing training; and

- Bronchial hygiene; and
- Medications; and
- Proper Nutrition.
- Psychosocial intervention:
 - May address:
 - Support system; and
 - Dependency issues.
- Exercise training:
 - Includes strengthening and conditioning and may utilize the following:
 - Stair climbing; or
 - Inspiratory muscle training; or
 - Treadmill walking; or
 - Cycle training (with or without ergometer); or
 - Supported and unsupported arm exercise training.

Note: 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.

- Follow up:
 - May include supervised home exercise conditioning.

Procedure Codes	
94640	Pressurized Or Nonpressurized Inhalation Treatment For Acute Airway Obstruction For Therapeutic Purposes And/or For Diagnostic Purposes Such As Sputum Induction With An Aerosol Generation, Nebulizer, Metered Dose Inhaler Or Intermittent Positive Pressure Breathing (ippp) Device.
94644	Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; First Hour.
94760	Non-invasive Ear Or Pulse Oximetry For Oxygen Saturation; Single Determination.
94761	Non-invasive Ear Or Pulse Oximetry For Oxygen Saturation; Multiple Determination (e.g., During Exercise).
97110	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility.
97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (includes Stair Climbing).
97150	Therapeutic Procedure(s), Group (2 Or More Individuals).
97161	Physical Therapy Evaluation: Low Complexity, Requiring These Components: - a History With No Personal Factors And/or Comorbidities That Impact The Plan Of Care;-an Examination Of Body System(s) Using Standardized Tests And Measures Addressing 1-2 Elements From Any Of The Following: Body Structures And Functions, Activity Limitations, And/or Participation Restrictions;- A Clinical Presentation With Stable And/or Uncomplicated Characteristics; And-clinical Decision Making Of Low Complexity Using Standardized Patient Assessment Instrument And/or Measurable Assessment Of.
97162	Physical Therapy Evaluation: Moderate Complexity, Requiring These Components: - a History Of Present Problem With 1-2 Personal Factors

	And/or Comorbidities That Impact The Plan Of Care;-an Examination Of Body System(s) Using Standardized Tests And Measures Addressing A Total Of 3 Or More Elements From Any Of The Following: Body Structures And Functions, Activity Limitations, And/or Participation Restrictions; -an Evolving Clinical Presentation With Changing Characteristics; And-clinical Decision Making Of Moderate Complexity Using Standardized Patient.
97163	Physical Therapy Evaluation: High Complexity, Requiring These Components: -a History Of Present Problem With 3 or More Personal Factors And/or Comorbidities That Impact The Plan Of Care: -an Examination of Body Systems Using Standardized Tests And Measures Addressing A Total Of 4 Or More Elements From Any Of The Following: Body Structures And Functions, Activity Limitations, And/or Participation Restrictions: -a Clinical Presentation With Unstable And Unpredictable Characteristics; And -clinical Decision Making Of High Complexity Using Standardized Patient.
97164	Re-evaluation Of Physical Therapy Established Plan Of Care, Requiring These Components: -an Examination Including A Review Of History And Use Of Standardized Tests And Measures Is Required; And -revised Plan Of Care Using A Standardized Patient Assessment Instrument And/or Measurable Assessment Of Functional Outcome. Typically, 20 Minutes Are Spent Face-to-face With The Patient And/or Family.
97530	Therapeutic Activities, Direct (one On One) Patient Contact (use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes.
97750	Physical Performance Test Or Measurement (e.g., Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes.
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity. Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity . Typically, 60 Minutes Are Spent Face-to-face With The Patient And/or.
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Not Require The Presence Of a Physician. Usually The Presenting Problem(s) Are Minimal. Typically, 5 Minutes Are Spent Performing Or Supervising These Services.
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making. Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Self Limited Or Minor. Typically, 10 Minutes Are Spent Face-to-face With The Patient.
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity. Counseling And Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The

	Presenting Problem(s) Are Of Low To Moderate Severity. Typically, 15 Minutes Are Spent.
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity. Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Typically, 25 Minutes Are Spent Face-to-face With The.
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity. Counseling And/or Coordination Of Care With Other Physicians Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Typically, 40 Minutes Are Spent Face-to-face With The.

Eligible Diagnosis Codes for Procedure Codes 94640 and 94644

Codes				
E84.0	J41.0	J41.1	J41.8	J42
J43.0	J43.1	J43.2	J43.8	J43.9
J44.0	J44.1	J44.9	J47.0	J47.1
J47.9	J60	J61	J62.0	J62.8
J63.0	J63.1	J63.2	J63.3	J63.4
J63.5	J63.6	J64	J65	J66.0
J66.1	J66.2	J66.8	J84.10	J84.170
J84.178	J84.89	J95.1	J95.2	J95.3
J95.821	J95.822	J96.00	J96.20	J96.21
J96.22	J98.2	J98.3	Z48.24	Z48.280
Z86.16	Z90.2	Z94.2	Z94.3	

Reference

Clinical Policy Management Committee – November 12, 2020

Proprietary Information – Blue Cross Blue Shield Association. Outpatient Pulmonary Rehabilitation. Medical Policy Reference Manual 8.03.05. Issued April, 2020