

BENEFIT COVERAGE POLICY



Title: BCP-07 Outpatient Pulmonary Rehabilitation Therapy Services

Effective Date: 07/01/2018

Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

Health Plan considers outpatient pulmonary rehabilitation as medically necessary when referred by a physician and provided under the supervision of a physician.

Please refer to the member's benefit plan coverage guidelines for outpatient pulmonary rehabilitation therapy services. Benefit plans may include a maximum allowable benefit, either in duration of treatment in in number of visits, for example. When the maximum allowable benefit is exhausted, coverage may no longer be provided even if the medical necessity criteria are met.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

2.0 Background:

Comprehensive pulmonary rehabilitation is an outpatient program directed to individuals with chronic pulmonary conditions (e.g., COPD, sarcoidosis, idiopathic pulmonary fibrosis, or cystic fibrosis) and the individual's families, usually by an inter-disciplinary team of specialists, in an effort to stabilize or reverse both the pathophysiology and psychopathology of their chronic pulmonary disease, with the goal of achieving and maintaining the individual's maximum level of functional capacity and independence in the community allowed by the patient's pulmonary handicap and overall life situation.

The three primary objectives of pulmonary rehabilitation services are to:

- Control, reduce, and alleviate the symptoms and pathophysiologic complications of chronic pulmonary disease restoring the individual to the highest possible level of independent functioning.
- Educate the individual and caregivers about the disease, treatment options and coping strategies.

- Encourage the individual to be actively involved in providing for their own healthcare and to be more independent in Activities of Daily Living (ADL).

The ideal candidate for pulmonary rehabilitation is one with moderate to moderately severe disease, stabilized on standard medical therapy, not distracted or limited by other serious or unstable medical conditions, willing and able to learn about his or her disease, and motivated to devote the time and effort necessary to benefit from a comprehensive care program. Patients with very mild disease may not perceive their problem as severe enough to warrant a comprehensive care program, and patients with very severe disease may be too limited to benefit appreciably. Care includes:

- Exercise training.
- Nutritional counseling.
- Education on lung disease or condition and how to manage it.
- Energy-conserving techniques.
- Breathing strategies.
- Psychological counseling and/or group support.

Every pulmonary rehabilitation program is individualized for a specific patient's needs and should include a comprehensive initial evaluation, established goals, an explicit treatment plan consisting of specific modalities with the stated frequencies, anticipated duration, and periodic re-assessments at scheduled intervals. A program developed in such a manner should be documented and results of the assessments recorded.

3.0 Clinical Determination Guidelines:

None

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union.

COVERED CODES			
Code	Description	Prior Approval	COC Reference
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function, initial demonstration and/or evaluation	N	Benefits and Coverage: Outpatient Therapeutic Treatment Services
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	N	Benefits and Coverage: Outpatient Therapeutic Treatment Services
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)	N	Benefits and Coverage: Rehabilitation/Habilitation Services – Outpatient Therapy; OR Rehabilitation Services – Outpatient Therapy
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)	N	Benefits and Coverage: Rehabilitation/Habilitation Services – Outpatient Therapy; OR Rehabilitation Services – Outpatient Therapy

COVERED CODES			
Code	Description	Prior Approval	COC Reference
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)	N	Benefits and Coverage: Rehabilitation/Habilitation Services – Outpatient Therapy; OR Rehabilitation Services – Outpatient Therapy
G0424	Pulmonary rehabilitation, including exercise (includes monitoring) one hour, per session, up to two sessions per day	N	Benefits and Coverage: Rehabilitation/Habilitation Services – Outpatient Therapy; OR Rehabilitation Services – Outpatient Therapy
S9473	Pulmonary rehabilitation program, non-physician provider, per diem	N	Benefits and Coverage: Rehabilitation/Habilitation Services – Outpatient Therapy; OR Rehabilitation Services – Outpatient Therapy

NON-COVERED CODES		
Code	Description	COC Reference/Reason

ICD-10 DIAGNOSIS CODES (list is not all-inclusive)	
Code	Description
D86.9	Sarcoidosis
E84.0 – E84.9	Cystic fibrosis
E88.01	Alpha-1-antitrypsin deficiency
G65.0 – G65.2	Sequelae of inflammatory and toxic polyneuropathies
G70.00 – G70.9	Myasthenia gravis and other myoneural disorders
G71.0 – G71.9	Primary disorders of muscles
G72.0 – G72.9	Other and unspecified myopathies
J40 – J47.9	Chronic lower respiratory diseases
J60 – J70.9	Lung diseases due to external agents
J80 – J84.9	Other respiratory diseases principally affecting the interstitium
J85.0 – J86.9	Suppurative necrotic conditions of the lower respiratory track
M41.00 – M41.9	Scoliosis
M45.0 – M45.9	Ankylosing spondylitis
P27.0 – P27.9	Chronic respiratory disease originating in the perinatal period [bronchopulmonary dysplasia, pulmonary fibrosis]
R06.00 – R06.09	Dyspnea [at rest or with exertion]
Z76.82	Awaiting organ transplant status [when patient is listed for transplant]
Z94.2	Lung transplant status

5.0 Unique Configuration/Prior Approval/Coverage Details:

None.

6.0 Terms & Definitions:

Functional status – An individual’s ability to perform normal daily activities required to meet basic needs, fulfill usual roles, and maintain health and well-being.

Prescription (script), Order or Referral – Written by a Medical Doctor (MD), Doctor of Osteopathy (DO), Podiatrist (DPM), Dentist (DDS), Physician Assistant (PA), or a Nurse Practitioner (NP) on behalf of a physician. A chiropractor cannot order physical therapy in the state of Michigan.

1. Signed scripts must specify “Eval and Treat” or a frequency and duration.
2. For scripts that are written for a future start of care date related to post-op treatment, treatment to start within 30 days of the start of care date specified.
3. Scripts are valid for the frequency and/or duration specified OR up to 90 days.

Spirometry – Measures how much and how quickly you can move air out of your lungs. Test is performed by breathing into a mouthpiece attached to a recording device called a spirometer.

7.0 References, Citations & Resources:

1. MCG™ Ambulatory Care 21st Edition, Pulmonary Rehabilitation, ACG: A-0372, 02/02/2017.
2. U.S. Department of Health & Human Services, National Heart, Lung, and Blood Institute, Pulmonary Rehabilitation, August 1, 2010. Available at: <https://www.nhlbi.nih.gov/health/health-topics/topics/pulreh>.
3. WebMD Lung Disease & Respiratory Health Center, September 9, 2014. Available at: <http://www.webmd.com/lung/lung-function-tests?page=7>.

8.0 Associated Documents [For internal use only]:

Business Process Flow (BPF) – None.

Desk Level Procedure (DLP) – None.

Standard Operating Procedure (SOP) – None.

Sample Letter – None.

Form – None.

Other – None.

9.0 Revision History:

Original Effective Date: 08/01/2016

Revision Dates: 7/17

Last Approval Date: 04/05/2018

Next Revision Date: 04/05/2019

Revision Date	Reason for Revision
July 2016	Policy created
July 2017	Annual review – added ICD-10 diagnostic codes, converted from Medical Policy 034 to Benefit Coverage Policy (BCP) format.
12/13/17	QI/MRM approved removing PA requirement and archiving as a medical policy.