Easy Choice Health Plan, Inc.
Harmony Health Plan of Illinois, Inc.
Missouri Care, Inc.
‘Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.
WellCare Health Insurance of Illinois, Inc.
WellCare Health Plans of New Jersey, Inc.
WellCare Health Insurance of Arizona, Inc.
WellCare of Florida, Inc.
WellCare of Connecticut, Inc.
WellCare of Georgia, Inc.
WellCare of Kentucky, Inc.
WellCare of Louisiana, Inc.
WellCare of New York, Inc.
WellCare of South Carolina, Inc.
WellCare of Texas, Inc.
WellCare Prescription Insurance, Inc.
Windsor Health Plan
Windsor Rx Medicare Prescription Drug Plan

Outpatient Pulmonary Rehabilitation

Policy Number: HS-076

Original Effective Date: 1/12/2009

Revised Date(s): 1/29/2010; 1/21/2011; 
7/10/2014; 6/5/2015

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.
DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

BACKGROUND

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. Spirometry is used to quantify disease severity, and the forced expiratory volume in 1 second (FEV₁) is the most widely used parameter in the diagnosis and treatment of COPD. Although disagreement exists over the exact cutoff scores, FEV₁ results are used to determine the stage of severity of COPD and to assign the patient to the appropriate intensity of rehabilitation.

Pulmonary rehabilitation (PR) 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. Although PR is used in patients with chronic pulmonary diseases other than COPD, the majority of studies involve COPD patients; therefore, this technology will focus on the use of PR for these patients.


There is substantial evidence from randomized controlled trials that PR programs are safe and effective in increasing the capacity and tolerance for physical exertion and in enhancing the quality of life in medically stable patients with COPD who do not have severe psychiatric or comorbid medical disease. Long-term follow-up indicates that many of the gains remain intact up to one year later (Hayes, 2002).

POSITION STATEMENT

Applicable To:

☑ Medicaid – All Markets
☑ Medicare – All Markets

Outpatient pulmonary rehabilitation services are defined as those services that are prescribed by a physician for the assessment, diagnostic evaluation, treatment, management, and monitoring of members with deficiencies and abnormalities of pulmonary function.

Outpatient pulmonary rehabilitation generally occurs for a period of four to six hours per week for eight to twelve weeks. Services over twelve weeks must receive authorization as a skilled service. Discontinuation of services is expected to be based on reaching maximum benefit and is not based on length of rehabilitation.

Outpatient pulmonary rehabilitation is considered medically necessary if ALL of the following criteria are met:

- Member has a diagnosis stable Chronic obstructive pulmonary disease (COPD) or other chronic pulmonary
disease that is under optimal medical management; AND,

- Pulmonary Function Tests (PFTs) reveal Forced Vital Capacity (FVC), Forced Expiratory Volume in one second (FEV₁), or diffusing capacity of the lungs for carbon monoxide (DLCO) (uncorrected by volume) less than 65% of the predicted normal within one year prior to initiating rehabilitation; AND,

- Member exhibits disabling symptoms that significantly impair level of functioning and ability to perform activities of daily living; AND,

- Expectation of measurable improvement in a reasonable and predictable time frame; AND,

- Member is physically able, motivated and willing to participate; including non-smoking or participation in a smoking cessation program with no smoking for at least three months.

Outpatient pulmonary rehabilitation is considered NOT medically necessary and NOT a covered benefit for:

- Services to a member who would be expected to spontaneously return to prior level of function without skilled therapeutic intervention; OR,

- Services for maintenance of a chronic baseline condition of functional level; OR,

- Members with acute and/or unstable disease; OR,

- Members incapable of participating in rehabilitation due to mental or physical limitations; OR,

- Members where documentation does not support measurable benefit; OR,

- Members who are unable or unwilling to use training; OR,

- Members who continue to smoke and refuse a smoking cessation program.

CODING

Covered CPT®* Code
94799 Unlisted Pulmonary service or procedure when billed for Pulmonary Rehabilitation

Covered HCPCS Level II Codes
G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)
G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
G0424 Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day
S9473* Pulmonary rehabilitation program, non-physician provider, per diem
*NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes

HCPCS Level II Modifiers
GA Signed ABN is on file.
GZ Signed ABN is on file
KX Requirements specified in the medical policy have been met

Covered ICD-9-CM Procedure Code - No applicable codes.

DRAFT ICD-10-PCS Codes - No applicable codes.

Covered ICD-9-CM Diagnosis Codes
277.02 Cystic fibrosis with pulmonary manifestations
491.0 Simple Chronic Bronchitis
491.1 Chronic Recurrent Bronchitis, mucopurulent
491.20 Obstructive chronic bronchitis without exacerbation
OUTPATIENT PULMONARY REHABILITATION
HS-076

491.8 Other Obstructive chronic bronchitis; chronic bronchiolitis; tracheitis; tracheobronchitis
492.0 Emphysematous Bleb
492.8 Other Emphysema, Lung or Pulmonary; Obstructive, NOS
493.20 Chronic Obstructive Asthma, unspecified; Asthma with COPD
494.0 Bronchiectasis without acute exacerbation
496 Chronic airway obstruction, not elsewhere classified
748.61 Congenital bronchiectasis

Covered Draft ICD-10-CM Diagnosis Codes
E84.0 Cystic fibrosis with pulmonary manifestations
J41.0 - J41.8 Simple and mucopurulent chronic bronchitis
J43.0 - J43.9 Emphysema
J44.0 - J44.9 Other chronic obstructive pulmonary disease
J47.9 Bronchiectasis, uncomplicated
Q33.4 Congenital Bronchiectasis


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date Action
12/1/2011
8/11/2011
- Approved by MPC. No changes.
- New template design approved by MPC.
- Approved by MPC.
- Deleted sentence on p. 2 – “The member must have a clinical condition or diagnosis of acute illness, injury or impairment requiring therapy services;”
- Added statement on p. 2 (bottom) – “Therapy is covered for Georgia Medicaid members age 21 and older only when requested immediately following and in treatment of an acute illness, injury or impairment.”
- OH specific item (p. 3) re: Physical Performance Test or measurement and Functional Capacity Evaluations to establish disability. Added two new reference items.