

Policy #: 136

Original policy date: 1/1/04
Revised date: 11/1/09

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Title

Outpatient Pulmonary Rehabilitation

Description

Pulmonary rehabilitation is a multidisciplinary approach to the rehabilitation of patients with compromised lung function. The vast majority of study has focused on patients with chronic obstructive pulmonary disease, although there has been some interest in pulmonary rehabilitation in patients with asthma, cystic fibrosis, or bronchiectasis. This therapy is also routinely offered to patients awaiting lung transplantation. Pulmonary rehabilitation programs include exercise training, psychosocial support, and education, which are intended to improve the patient's functioning and quality of life.

Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition.

A pulmonary rehabilitation outpatient program generally includes team assessment, patient training, psychosocial intervention, exercise training, and follow-up. The overall length of the program and the total number of visits for each component may vary from program to program.

Team assessment includes input from a physician, respiratory care practitioner, nurse, and psychologist, among others.

Patient training includes breathing retraining, bronchial hygiene, medications, and proper nutrition.

Psychosocial intervention addresses support system and dependency issues.

Exercise training includes strengthening and conditioning and may include stair climbing, inspiratory muscle training, treadmill walking, cycle training (with or without ergometer), and supported and unsupported arm exercise training. Exercise conditioning is an essential component of pulmonary rehabilitation. Education in disease management techniques without exercise conditioning does not improve health outcomes of patients who have chronic obstructive pulmonary disease.

Follow-up includes a structured home pulmonary rehabilitation program and may include supervised home exercise conditioning.

When services are covered for commercial products and for Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx

We cover a **single course of pulmonary rehabilitation in the outpatient setting** for outpatient treatment of chronic pulmonary disease for patients with moderate-to severe disease who are experiencing disabling symptoms and significantly diminished quality of life in spite of optimal medical management.¹

We cover a **single course of pulmonary rehabilitation in an outpatient setting** as a preoperative conditioning component for those considered appropriate candidates for lung volume reduction surgery and for lung transplantation.¹

When services are not covered for commercial products or for Medicare HMO Blue, Medicare PPO Blue, and Blue Medicare PFFS PlusRx

We do not cover **pulmonary rehabilitation in the outpatient setting for patients with severe psychiatric disturbance (e.g., dementia, organic brain syndrome), and significant or unstable medical conditions (e.g., congestive heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke).**¹

We do not cover **multiple courses of pulmonary rehabilitation**, either as maintenance therapy in patients who initially respond or in patients who fail to respond or whose response to an initial rehabilitation program has diminished over time,¹ because it is considered investigational as it does not meet our Medical Technology Assessment Guidelines, #350.

Individual consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. For consideration of an individual patient, physicians may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
PO Box 986065
Boston, MA 02298

Prior to performance of service

Blue Cross Blue Shield of Massachusetts
Case Creation/Medical Policy
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-327-6716
Fax: 1-888-641-5330

Authorization Information

For Managed Care members:

- No authorization is required for this service; *see Managed Care Guidelines for additional requirements.*

For Indemnity and PPO members:

- No authorization is required for this service; *see Indemnity and PPO Guidelines for additional requirements.*

Managed care guidelines

All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description, however;

- **For Medicare HMO Blue members:** The service must meet the criteria for coverage noted in this policy, be medically necessary, prescribed by a plan physician and provided by a network provider.
- **For Medicare HMO Blue members:** Referrals are required for all visits to a specialist.
- For all other Managed Care plans, any specialist visit requires a referral, except for visits performed by OB/GYN specialists.
- Authorization is required for an inpatient admission.

Indemnity and PPO guidelines

All authorization requirements are determined by the individual's subscriber certificate, explanation of coverage, or summary plan description, however;

- Authorization is required for an inpatient admission.

- Authorizations are not required for most outpatient services as determined by the individual's subscriber certificate.
- Referrals to a specialist are not required.

Other information

For our Medical Technology Assessment Guidelines, see document #350.

Coding information

Procedure codes are from current CPT, HCPCS Level II, Revenue Code, and/or ICD-9-CM manuals, as recommended by the American Medical Association, Centers for Medicare and Medicaid Services and American Hospital Associations. Blue Cross Blue Shield Association national codes may be developed when appropriate.

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Pulmonary Rehabilitation

Physical Therapy:

Revenue codes

- Use revenue code 421 or 424 and the appropriate CPT or HCPCS Level II code for physical therapy services relating to pulmonary rehabilitation.

Note: Revenue code 421 does not require a CPT or HCPCS Level II code.

Occupational Therapy:

Revenue codes

- Use revenue code 431 or 434 and the appropriate CPT or HCPCS Level II code for occupational therapy services relating to pulmonary rehabilitation.

Notes:

- Revenue code 431 does not require a CPT or HCPCS Level II code.
- Please do **not** use any CPT or HCPCS procedure codes in Form Locator 44 when billing revenue codes 421 and/or 431. Please use the applicable revenue code only.
- Revenue codes 421 and/or 431 will be reimbursed only once per date of service.

Facility Outpatient Billing: Bill according to the discipline performing the service.

For in network providers billing Physical Therapy and /or Occupational Therapy to report pulmonary rehabilitation services, please use medically necessary and recommended diagnoses (emphysema, chronic bronchitis and chronic obstructive pulmonary disease) from the following ICD-9 CM diagnoses listed:

- 491.0-491.9-Chronic Bronchitis
- 492.0-492.8-Emphysema
- 493.20-493.22- Chronic Bronchitis
- 494.0-494.1- Chronic Obstructive Pulmonary Disease
- 495.5-Chronic Obstructive Pulmonary Disease
- 496- Chronic Obstructive Pulmonary Disease
- 506.4-Emphysema
- 508.8 Chronic Bronchitis
- 518.1-518.2-Emphysema

- 518.89-Chronic Obstructive Pulmonary Disease
- 519.8- Chronic Obstructive Pulmonary Disease

Respiratory Therapy:

Revenue codes

- Bill with revenue code 410, 412 or 419 and HCPCS Level II national code S9473 (Pulmonary Rehabilitation program, non-physician provider, per diem).

Note: When billing for an extended billing period (i.e. a month), each date of service must be reported on a separate line in form indicator 45 and in form indicator 6 (statement covers period), please identify the date span.

HCPCS 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, 2 or more individuals (includes monitoring)
- **G0302:** Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services
- **G0303:** Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services
- **G0304:** Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services
- **G0305:** Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services
- **S9473:** Pulmonary rehabilitation program, nonphysician provider, per diem

Facility coding

ICD-9 CM procedure code:

- **93.18:** Breathing exercise

Policy update history

Updated 9/95 to cover pulmonary rehab for lung transplant patients. Updated 3/96 to cover pulmonary rehab for certain patients with COPD. Updated 4/97 to restrict LVRS pulmonary rehab to approved O'BEST trial sites. Updated 5/99 to convert medical policy on cardiac and pulmonary rehabilitation into a billing guideline. Updated 3/00 to remove authorization requirements for cardiac and pulmonary rehabilitation. Updated 3/01 to include individual consideration guidelines for pulmonary rehabilitation for patients who are committed to stop smoking upon entrance to inpatient rehabilitation program. Updated 3/04 cardiac and pulmonary rehabilitation billing information and to incorporate the Blue Cross Blue Shield Association's guidelines on pulmonary rehabilitation on lung volume reduction surgery. Removed authorization and referral requirements for cardiac and pulmonary rehabilitation services effective 5/1/04. Updated 4/05 to clarify facility outpatient billing information for pulmonary rehabilitation services. Reviewed 7/05 BCBSA National Policy, one additional coverage exclusion of acute cor pulmonale specific to pulmonary rehabilitation services, updated to include all references reviewed. Clarified these guidelines are specific to outpatient cardiac and pulmonary rehabilitation services only. Updated 3/06 after review of BCBSA National Policy on pulmonary rehabilitation issued 12/05, with no change in policy statement. Updated 6/07 after review of BCBSA national policy 8.03.05 on pulmonary rehabilitation issued 4/06 with update of code table. This national policy no longer scheduled for review. Updated 8/07 pulmonary rehabilitation coding information section. New policy, effective 11/1/09.

References

References for footnote 1:

1. 1996 TEC Assessments: Tab 4

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Footnotes

¹ Based on BCBSA national policy 8.03.05 Outpatient Pulmonary Rehabilitation issued 1/09.