Subject: Pulmonary Rehabilitation*

Effective Date: July 31, 2007

Department(s): Utilization Management

Policy: Medically supervised pulmonary rehabilitation is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to define circumstances under which pulmonary rehabilitation is reimbursable.

Procedure:

1. To be reimbursable, a course of pulmonary rehabilitation (HCPCS S9473) must be medically supervised and prescribed by a physician.

2. Pulmonary rehabilitation must occur in a JCAHO-accredited facility under the auspices of a program directed by a board-certified pulmonologist.

3. As patient and family counseling for behavior and/or risk factor modification are integral parts of pulmonary rehabilitation, these services will not be reimbursed separately.

4. Monitoring devices and services used during pulmonary rehabilitation will not be reimbursed separately.

5. Diagnoses for which pulmonary rehabilitation is reimbursable include but are not limited to:

   a. asthma (ICD-9 493.0 – 493.9)(with forced expiratory volume in one second [FEV1] or peak expiratory flow rate [PEFR] <60% of predicted)
   
   b. bronchiectasis (494)
c. bronchiolitis obliterans \((491.8, 516.8)\)
d. bronchopulmonary dysplasia \((770.7)\)
e. chronic obstructive lung disease
   alpha-1 antitrypsin deficiency \((273.4)\)
   chronic bronchitis \((491.2)\)
   emphysema \((492.8)\)
f. cystic fibrosis \((277.0)\)
g. interstitial lung disease, including but not limited to: asbestosis \((501)\), pneumoconiosis \((500 – 506)\), pulmonary fibrosis \((515)\), post-adult respiratory distress syndrome (ARDS) \((518.82)\), radiation pneumonitis \((508.1)\), sarcoidosis \((517.8)\)
h. neuromuscular disorder affecting pulmonary function, including but not limited to: Guillain-Barre syndrome \((357.0)\), muscular dystrophy \((359.0 – 359.9)\), myasthenia gravis \((358.0)\)
i. pre- and post- lung transplantation \((V42.6)\)
j. pre- and post- lung volume reduction surgery
k. thoracic cage abnormality affecting lung function, including but not limited to:
   (1) kyphosis, scoliosis, or kyphoscoliosis \((737.0 – 737.9)\)
   (2) ankylosing spondylitis \((720.0, 720.8)\)

6. Pulmonary rehabilitation for these indications is reimbursable for up to 12 weeks at a frequency of up to 3 times per week for a total of up to 36 sessions

7. Not more than one course of pulmonary rehabilitation will be authorized in a 24-month interval per condition.

8. Exercise equipment for home use or health club membership is not covered by this policy.

References


Celli BR. Pulmonary rehabilitation in COPD. *UpToDate* 17.1 Feb 1, 2009. available at: www.uptodate.com/online/content/topic.do?topicKey=copd/8878&view=print accessed 03/27/09


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.