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Subject: Outpatient Pulmonary Rehabilitation

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

A pulmonary rehabilitation outpatient program is a comprehensive program that generally includes team assessment, participant 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. Participant 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.

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

POSITION STATEMENT:

NOTE: The following services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to pulmonary rehabilitation therapy services.

A single course of pulmonary rehabilitation in the outpatient ambulatory care setting **meets the definition of medical necessity** for treatment of chronic pulmonary disease for persons with moderate-

to-severe disease who are experiencing disabling symptoms and significantly diminished quality of life, despite optimal medical management.

A single course of pulmonary rehabilitation in the outpatient ambulatory care setting **meets the definition of medical necessity** as a preoperative conditioning component for those considered appropriate candidates for lung volume reduction surgery or lung transplantation.

Pulmonary rehabilitation programs **meet the definition of medical necessity** following lung transplantation.

The following are considered **experimental or investigational**:

- Pulmonary rehabilitation programs following other types of lung surgery, included but not limited to lung volume reduction surgery and surgical resection of lung cancer
- Multiple courses of pulmonary rehabilitation, either as maintenance therapy in those who initially respond, or in those who fail to respond, or whose response to an initial rehabilitation program has diminished over time
- Home-based pulmonary rehabilitation programs.

Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

BILLING/CODING INFORMATION:

The following codes may be used to report pulmonary rehabilitation:

CPT Coding:

94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

HCPCS Coding:

G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, each 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)
S9473	Pulmonary rehabilitation program, non-physician provider, per diem

ICD-10 Diagnosis Codes That Support Medical Necessity:

D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D84.1	Defects in the complement system
D86.0	Sarcoidosis of lung

D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
E84.0	Cystic fibrosis with pulmonary manifestations
I11.9	Hypertensive heart disease without heart failure
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.0	Primary pulmonary hypertension
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0 – J43.9	Emphysema
J44.9	Chronic obstructive pulmonary disease, unspecified
J47.0 – J47.9	Bronchiectasis
M34.0 – M34.9	Systematic sclerosis [scleroderma]
P27.0 – P27.9	Chronic respiratory disease originating in the prenatal period
Q21.0	Ventricular septal defect
Q33.4	Congenital bronchiectasis

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Pulmonary Rehabilitation Services (240.8), located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 09/28/23.

GUIDELINE UPDATE INFORMATION:

10/15/02	New Medical Coverage Guideline.
07/15/04	Scheduled review; no changes.
09/15/06	Scheduled review; added lung volume reduction and lung transplants as covered indications for coverage; removed Medicare Advantage Program Exception information.
08/15/07	Reviewed; reformatted guideline; updated references.
09/15/09	Scheduled review; update position statement. Update ICD 9 coding. Update HCPCS coding. Update references.
01/01/10	Annual HCPCS coding update: add HCPCS code G0424.
10/15/10	Revision; related ICD-10 codes added.
12/15/10	Revision; deleted ICD-9 codes 415.1 and 494; added ICD-9 codes 415.11, 415.12, 415.19, 494.0 and 494.1.
07/15/11	Scheduled review; position statements maintained and references updated.
10/01/11	Revision; added ICD9 codes 415.13, 516.31 and 516.34.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
02/15/14	Revision; Program Exceptions section and references updated.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
08/15/16	Scheduled review. Revised MCG title and Position Statement section. Updated references.
10/01/19	ICD10 coding update: added I26.93, I26.94.
02/15/20	Scheduled review. Revised description, maintained position statement and updated references.
10/15/21	Scheduled review. Maintained position statement and updated references.
01/01/22	Annual CPT/HCPCS coding update. Added 94625, 94626. Deleted G0424.
05/22/23	Update to Program Exceptions section.
10/15/23	Scheduled review. Maintained position statement and updated references.