The Department of Vermont Health Access Medical Policy

Subject: Pulmonary Rehabilitation
Last Review: July 6, 2017*

*Please note: Most current content changes will be highlighted in yellow.

Description of Service or Procedure

Pulmonary Rehabilitation is a comprehensive program that is based upon evidence-based criteria with a person-centered goal of returning the member to the maximum level of functioning and improved quality of life. It is a multidisciplinary approach to care for individuals with chronic, symptomatic lung disease that includes an array of services. The program includes exercise training, self-management education, smoking cessation, psychosocial/behavioral intervention, and nutritional therapy for the individual and their family. Assessments and outcome measurements should be incorporated into the program.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules

7102.2 Prior Authorization Determination
7103 Medical Necessity

Coverage Position

Pulmonary Rehabilitation may be covered for beneficiaries:

- When Pulmonary Rehabilitation is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of Pulmonary Rehabilitation and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.
Coverage Guidelines

Pulmonary Rehabilitation may be appropriate when:

- Diagnoses include one of the following:
  - COPD diagnosis by spirometry. For symptomatic beneficiaries with Moderate to Very Severe COPD.
  - Moderate to Very Severe as defined by Global Initiative for Chronic Obstructive Lung Disease (GOLD) classification II, III, and IV.
  - Alpha-1 antitrypsin deficiency
  - Ankylosing spondylitis
  - Asbestosis
  - Bronchopulmonary dysplasia
  - Chronic bronchitis
  - Cystic fibrosis
  - Emphysema
  - Fibrosing alveolitis
  - Idiopathic pulmonary fibrosis
  - Pre and Post lung transplant
  - Pneumoconiosis
  - Pulmonary hemosiderosis
  - Radiation pneumonitis
  - Sarcoidosis
  - Obesity-related Respiratory Disorders
  - Pulmonary Hypertension
  - Chest Wall and Neuromuscular Disorders
  - Asthma
  - Lung Cancer
  - COPD
  - Bronchiectasis
  - Lung Volume Reduction Surgery
  - Other respiratory conditions will be considered on a case by case basis

And

- Beneficiary does not have a recent history of smoking or has quit smoking for at least 3 months or is presently actively participating in a smoking cessation program. Studies show that patients who currently smoke may benefit from pulmonary rehabilitation.
- Beneficiaries with COPD should be referred for pulmonary rehabilitation regardless of their smoking status.
- Beneficiaries referred to pulmonary rehabilitation should have their smoking status assessed and referrals to smoking cessation services offered to smokers simultaneously.
- Pulmonary rehabilitation provides opportunities to offer smoking cessation advice.

Pulmonary Rehabilitation program components must include ALL of the following:
- Physician-prescribed exercise (aerobic exercise must be included in each session); AND
- Education or training (tailored to the beneficiary’s need); AND
- Psychosocial assessment (written evaluation of the beneficiary’s mental and emotional functioning as it relates to the beneficiary’s rehabilitation or respiratory condition); AND
- Outcome assessment (beginning and the end evaluations based on patient-centered outcomes and objective clinical measures of the effectiveness of the PR program for the beneficiary); AND
- An individualized treatment plan (plan must be established, reviewed, and signed by a physician every 30 days).

Pulmonary Rehabilitation Treatment plan must include all of the following:
- Diagnosis; AND
- Type, amount, frequency and duration of items and services furnished under the plan.

Goals set for the beneficiary under the plan.
- As part of regular assessment, patient satisfaction and feedback should be sought.

Pulmonary Rehabilitation Settings can include either:
- A physician’s office; OR
- Hospital outpatient.

Note: If Pulmonary Rehabilitation is offered in an office setting, supervision is to be provided by a doctor of medicine or osteopathy. All settings must have a physician immediately available and accessible for consultations and emergencies at all times while the services are being provided. The setting must include the following: cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary to treat respiratory disease.

Pulmonary Rehabilitation sessions are limited to the following:
Medicaid will pay for up to two (2) one-hour sessions per day, for up to 36 lifetime sessions.

Clinical guidelines for repeat service or procedure

- Additional sessions may be approved with medical justification from provider if above criteria is met. No services beyond 72 sessions will be approved by DVHA.

Type of service or procedure covered

Pulmonary Rehabilitation
References


*This document has been classified as public information.*