

The Department of Vermont Health Access Medical Policy

Subject: Pulmonary Rehabilitation
Last Review: February 20, 2015
Revision 3:
Revision 2:
Revision 1: October 14, 2013
Original Effective: October 10, 2012

Description of Service or Procedure

A Pulmonary Rehabilitation “is individually tailored and designed to optimize physical and social performance and autonomy. The program must provide an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory impairments.” CMS

This comprehensive intervention includes exercise training, education, psychosocial/behavioural intervention, nutritional therapy, outcome assessment and promotion of long-term adherence to the rehabilitation recommendations. Elements of comprehensive pulmonary rehabilitation, including promoting a healthy lifestyle, stressing adherence to therapy and encouraging physical activity, should be incorporated into the care of all patients with COPD.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule 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

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

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



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 GOLD classification II, III, and IV.

Stage I	Mild COPD	FEV ₁ /FVC<0.70	FEV ₁ ≥ 80% normal
Stage II	Moderate COPD	FEV ₁ /FVC<0.70	FEV ₁ 50-79% normal
Stage III	Severe COPD	FEV ₁ /FVC<0.70	FEV ₁ 30-49% normal
Stage IV	Very Severe COPD	FEV ₁ /FVC<0.70	FEV ₁ <30% normal, or <50% normal with chronic respiratory failure present*

- Sarcoidosis
- Idiopathic pulmonary fibrosis
- Cystic fibrosis
- Alpha-1 antitrypsin deficiency
- Asbestosis
- Emphysema
- Chronic airflow obstruction
- Chronic bronchitis
- Fibrosing alveolitis
- Pneumoconiosis
- Pulmonary hemosiderosis
- Radiation pneumonitis
- Ankylosing spondylitis
- Bronchopulmonary dysplasia
- Guillain-Barre's syndrome or other infective polyneuritis
- Muscular dystrophy
- Myasthenia gravis
- Paralysis of diaphragm
- Scoliosis
- Person receiving a lung transplant
- 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; Patients who currently smoke benefit from pulmonary rehabilitation.
- Patients with COPD should be referred for pulmonary rehabilitation regardless of their smoking status.
- Patients referred to pulmonary rehabilitation should have their smoking status assessed and referral 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
- 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

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