

## **The Department of Vermont Health Access Clinical Criteria**

**Subject:** Pulmonary Rehabilitation

**Last Review:** August 30, 2022\*

**Past Revisions:** February 18, 2020, April 25, 2017, February 20, 2015, October 14, 2013, October 10, 2012

**\*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, health prevention, advanced care planning, smoking cessation, psychosocial/behavioral support, 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 member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services

### **Coverage Position**

Pulmonary Rehabilitation may be covered for members:

- When Pulmonary Rehabilitation is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont



Office of Professional Regulation’s website\*, Statute, or rule who is knowledgeable in the use of Pulmonary Rehabilitation and who provides medical care to the member AND

- When the clinical guidelines below are met.

\* Vermont’s Office of Professional Regulation’s website: <https://sos.vermont.gov/opr/>

### Coverage Criteria

Pulmonary Rehabilitation may be appropriate when member’s quality of life is impaired by their disease:

- Diagnoses include one of the following:
  - COPD diagnosis by spirometry. For symptomatic members 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.

Stage I	Mild COPD	FEV1/FVC<0.70	FEV <sub>1</sub> ≥ 80% normal
Stage II	Moderate COPD	FEV1/FVC<0.70	FEV <sub>1</sub> 50-79% normal
Stage III	Severe COPD	FEV1/FVC<0.70	FEV <sub>1</sub> 30-49% normal
Stage IV	Very Severe COPD	FEV1/FVC<0.70	FEV <sub>1</sub> <30% normal, or <50% normal with chronic respiratory failure present*

- Alpha-1 antitrypsin deficiency
- Ankylosing spondylitis
- Asbestosis
- Bronchopulmonary dysplasia
- Chronic bronchitis
- COVID-19
- 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
- Lung transplants on wait list

- Other respiratory conditions will be considered on a case-by-case basis such as amyotrophic lateral sclerosis (ALS), muscular dystrophy, myasthenia gravis, paralysis of diaphragm, scoliosis.

And

- Member 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.
- Members with COPD should be referred for pulmonary rehabilitation regardless of their smoking status.
- Members 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 member's need); AND
- Psychosocial assessment (written evaluation of the member's mental and emotional functioning as it relates to the member'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 member); AND
- An individualized treatment plan that 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 member 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.

Contraindications:

- Unstable heart rhythms or chest pain- may benefit from Cardiac Rehabilitation
- Unstable bone fractures

- Reasons that would pose a risk to others or themselves
- Severe pulmonary hypertension

Considerations:

- Memory impairment
- Progressive neuromuscular impairment
- Severe uncontrolled anemia
- Lack of motivation
- Limited life expectancy < 6 months

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

**Clinical criteria 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. This may include visits provided via telemedicine.

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