



519.14 PULMONARY REHABILITATIVE SERVICES

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BACKGROUND

Pulmonary rehabilitation is an individually tailored multidisciplinary approach to the rehabilitation of members who have pulmonary disease. Pulmonary rehabilitation offers members a chance to reduce hospitalizations, increase their knowledge about pulmonary disease and its management, the ability to control and alleviate the symptoms of pulmonary disease, and the ability to carry out activities of daily living with less shortness of breath. Pulmonary rehabilitation programs include exercise training, psychosocial support, and education, which are intended to improve the member's functioning and quality of life.

POLICY

A pulmonary rehabilitation program should include these components:

- A team assessment, which typically includes input from a physician, a respiratory care practitioner, a nurse, a psychologist, and a nutritionist;
- Member training, which includes breathing retraining, bronchial hygiene, medication education and proper nutrition;
- Psychosocial intervention addressing the member's emotional support systems, anxiety and dependency issues;
- Exercise training, which includes strengthening and conditioning which may include stair climbing, inspiratory muscle training, treadmill walking, cycle training; and,
- Member follow-up, which includes a structured and ongoing home pulmonary rehabilitation program.

The focus of therapy is to educate and establish a program of adaptive changes to a chronic medical illness. West Virginia Medicaid will cover outpatient pulmonary rehabilitation two times per week for 10 weeks, not to exceed 20 sessions per calendar year. For members of the expansion population under the alternative benefits plan, service limits include rehabilitative and habilitative services combined. Please see [Chapter 400, Member Eligibility](#) for additional information.

The goals of pulmonary rehabilitation are to:

- Restore the member to the highest possible level of independent function
- Educate the member and significant others about the disease, treatment options and strategies
- Reduce and control breathing difficulties and symptoms
- Maintain healthy behaviors such as good nutrition and exercise
- Encourage members to be actively involved in their own healthcare.

519.14.1 CRITERIA AND COVERAGE

Pulmonary rehabilitation is considered medically necessary for select members with chronic respiratory impairment who, despite optimal medical management, are experiencing disabling dyspnea associated with a restriction in ordinary activities and significantly impaired quality of life. Candidates must also be motivated to participate in a pulmonary rehabilitation program.

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West Virginia Medicaid considers medically supervised outpatient pulmonary rehabilitation programs covered services when **all** of the following criteria are met:

- Member has chronic pulmonary disease (asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barre syndrome or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and
- Member has a reduction of exercise tolerance which restricts the ability to perform activities of daily living; and
- Member does not have a recent history of smoking or has quit smoking for at least three months; and
- Member has a moderate to moderately severe functional pulmonary disability as evidenced by *either* of the following
 - Pulmonary function tests showing that either the FEV1, FVC, FEV1/FVC, or Dlco is < 60% of that predicted; or
 - A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO2max) equal to or < 20ml/kg/min, or about 5 metabolic equivalents (METs); and
- Member does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six months, dysrhythmia, active joint disease, claudication, malignancy).

Note: Members not eligible for pulmonary rehabilitative services due to smoking should be referred to the tobacco cessation program. Additional information regarding the tobacco cessation program can be accessed through [West Virginia Division of Tobacco Prevention](#) or the [West Virginia Tobacco QuitLine](#). Please see [Chapter 519 Practitioner Services, Policy 519.18 Tobacco Cessation Services](#).

519.14.2 PROVIDER ENROLLMENT

In order to participate in the WV Medicaid Program and receive payment from BMS, providers must meet all enrollment criteria as described in [Chapter 300, Provider Participation Requirements](#). In addition, providers of pulmonary rehabilitation Services must include an enrolled pulmonologist who has met the required board certification criteria.

519.14.3 BILLING INFORMATION

Pulmonary rehabilitation services provided in a hospital setting must be billed with the appropriate revenue code and HCPCS code in order for payment to be made.

519.14.4 PRIOR AUTHORIZATION

Prior Authorization from [the BMS Utilization Management Contractor \(UMC\)](#) is required for pulmonary rehabilitation services.

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Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

Refer to [Chapter 100, General Information](#) for additional information.

519.14.5 NON-COVERED SERVICES

Non-Covered services include, but are not limited to:

Routine, non-skilled, or maintenance care not medically necessary, such as:

- Repetitive services for chronic baseline conditions; *or*
- Care provided when there is an inability to sustain gains; *or*
- Care provided when there is a plateau in patient's progress toward goals, such that there is minimal or no potential for further substantial progress; *or*
- Care provided when there is no overall improvement.

Pulmonary rehabilitation is considered experimental and investigational for all other indications because its effectiveness for indications other than the ones listed above has not been established.

Pre-operative pulmonary rehabilitation in persons undergoing surgery for lung cancer is considered experimental and investigational because the effectiveness of this approach has not been established.

Pulmonary rehabilitation is *not* considered medically necessary in persons who have very severe pulmonary impairment as evidenced by dyspnea at rest, difficulty in conversation (one-word answers), inability to work, cessation of most of all usual activities making them housebound and often limiting them to bed or chair with dependency upon assistance from others for most ADL. According to available guidelines, persons with very severe pulmonary impairment are not appropriate candidates for pulmonary rehabilitation.

Repeat pulmonary rehabilitation programs are considered not medically necessary. However, exceptions may be made for patients undergoing a repeat pulmonary rehabilitation program in connection with lung transplantation or lung volume reduction surgery.

Maintenance exercise programs are not eligible for reimbursement.

Non-covered services are not eligible for a West Virginia Department of Human Services (DoHS) Fair Hearing or a Desk/Document review.



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GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Concomitant: Occurring during the same time period. It usually refers to secondary symptoms that occur with a main symptom.

Habilitative Services: Services provided to assist an individual in maintaining a level of functionality to avoid more intensive future care.

Rehabilitative Services: Services provided to assist an individual in returning to a level of functionality lost due to illness or accident.

REFERENCES

West Virginia State Plan references benefits for the adult expansion population under the alternative benefits plan, including pulmonary rehabilitation in [Attachment 3.1-L](#).

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Pulmonary Rehabilitative Services		January 15, 2016