Pulmonary Rehabilitation

Policy

Harvard Pilgrim reimburses contracted providers for outpatient and inpatient pulmonary rehabilitation services.

Policy Definition

Pulmonary Rehabilitation is a multidisciplinary program designed for members with chronic obstructive pulmonary disease (COPD). The goal of pulmonary rehabilitation is to increase the patient’s endurance and tolerance of physical exertion; provide appropriate nutritional and lifestyle counseling; and improve his/her psychological well-being and quality of life and achieve and maintain the member’s maximum level of independence and functioning in the community.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to Referral, Notification and Authorization for more information.

HMO/POS/PPO

- Authorization required for clinician pulmonary services which include, and are not limited to, nutritional counseling, registered nurse (RN) services and respiratory therapy (RT) services. (Refer to Authorization Policy for specific requirements.)
- Authorization for physical therapy (PT) and/or occupational therapy (OT) must be requested at the same time as the initial authorization for the pulmonary rehabilitation services if PT and/or OT services are to be delivered as a component of the pulmonary rehabilitation services.

Open Access HMO and POS

For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses

HMO/POS/PPO

- Inpatient Services
  Inpatient services will be reimbursed when Harvard Pilgrim determines that medical necessity and inpatient level of care criteria are met.

- Outpatient Services
  - When authorized and Harvard Pilgrim determines that medical necessity criteria are met
  - Authorization for outpatient pulmonary rehabilitation for COPD is typically limited to one course of treatment per member
  - Additional sessions may be approved when Harvard Pilgrim determines they are medically necessary; a session consists of:
    - Initial consultation assessment
    - An exercise training component
    - An educational component
    - A counseling and behavioral component
    - Follow-up group meetings and exercise maintenance in accordance with the member’s program protocol
  - Additional program components including:
    - Physical and occupational therapy services including initial evaluations, treatments and modalities, up to the daily global payment cap as outlined in the Physical, Occupational, and Speech Therapy Policy

Member Cost-Sharing

- Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).
### Provider Billing Guidelines and Documentation

#### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0410–0419</td>
<td>Respiratory Inhalation Therapy</td>
<td>Bill with 94640</td>
</tr>
<tr>
<td>0421–0429</td>
<td>Physical Therapy</td>
<td>Bill with 97161-97164, 97110–97113, 97124, 97530, 97535–97537, 97799</td>
</tr>
<tr>
<td>0431–0439</td>
<td>Occupational Therapy</td>
<td>Bill with 97165-97168, 97110–97113,97124, 97530, 97535–97537, 97799</td>
</tr>
<tr>
<td>0460</td>
<td>Pulmonary Function Testing and Treatment</td>
<td>Bill with 94010, 94060–94618, 94640–94799</td>
</tr>
<tr>
<td>94760–94762</td>
<td>Noninvasive ear or pulse oximetry for oxygen saturation; single or multiple determinations</td>
<td>Not reimbursed</td>
</tr>
</tbody>
</table>

#### Other Information
- HCPCS “S” codes are not accepted.
- Bill using industry standard revenue codes and CPT codes representing the services rendered.

#### Related Policies

**Payment Policies**
- Coding Overview
- Non-Covered Services
- Physical, Occupational and Speech Therapy
- Cardiology and Cardiovascular Surgery
- Rehabilitation/Long-Term Acute Care Hospitals

**Clinical Policies**
- Outpatient Pulmonary Rehabilitation

**Referral, Notification & Authorization**
- Authorization Policy

**Forms**
- Outpatient Pulmonary Rehabilitation Request Form

#### PUBLICATION HISTORY
- 07/01/03 original documentation
- 04/30/04 annual coding review
- 04/30/06 annual review; removed code 97150 (not a covered benefit) from coding grid; added revenue codes to grid; small language changes
- 04/30/07 annual review; added pulse oximetry codes to billing guideline
- 04/30/08 annual review; no changes
- 05/15/09 annual review; added information on PT/OT cap
- 03/15/10 annual review; added new HCPCS code G0424
- 03/15/11 annual review; minor edits
- 01/01/12 removed First Seniority Freedom information from header
- 03/15/12 annual review; minor edits
- 03/15/13 annual review; minor edit
- 03/15/14 annual review; no changes
- 06/15/14 added Connecticut Open Access HMO referral information to Prerequisites
- 03/15/15 annual review; no changes
- 03/15/16 annual review; administrative edits
- 03/15/17 annual review; no changes
This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

Behavioral health services must be obtained from participating providers. Members and/or providers may contact the Behavioral Health Access Center at 888-777-4742 for assistance in locating providers and/or arranging required services.

The table may not include all provider claim codes related to pulmonary rehabilitation.