

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 Reimburses¹

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 component²
 - 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
Coding³

Code	Description	Comments
0410–0419	Respiratory Inhalation Therapy	Bill with 94640
0421–0429	Physical Therapy	Bill with 97161–97164, 97110–97113, 97124, 97530, 97535–97537, 97799
0431–0439	Occupational Therapy	Bill with 97165–97168, 97110–97113, 97124, 97530, 97535–97537, 97799
0460	Pulmonary Function Testing and Treatment	Bill with 94010, 94060–94618, 94640–94799
94760–94762	Noninvasive ear or pulse oximetry for oxygen saturation; single or multiple determinations	Not reimbursed
G0424	Pulmonary Rehab, including exercise (includes monitoring), 1 hour	

Other Information

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

Related Policies

- [Authorization Policy](#)
- [Coding Overview](#)
- [Non-Covered Services Payment Policy](#)
- [Outpatient Pulmonary Rehabilitation Medical Policy](#)
- [Outpatient Pulmonary Rehabilitation Request Form](#)
- [Physical, Occupational and Speech Therapy Payment Policy](#)

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 <i>Connecticut Open Access HMO</i> 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
01/01/18	updated Open Access Product referral information under Prerequisites
03/01/18	annual review; no changes
04/02/18	updated PT and OT codes
03/01/19	annual review; no changes
03/02/20	annual review; added related medical policy
03/01/21	annual review; no changes

PAYMENT POLICIES

¹This 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.

²Behavioral 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.

³The table may not include all provider claim codes related to pulmonary rehabilitation.