

Subject: Outpatient Pulmonary Rehabilitation

Background: Pulmonary rehabilitation, (PR) is a program that works to improve the overall well-being of people who have chronic breathing difficulties. This includes, but is not limited to, people who have chronic obstructive pulmonary disease (COPD), sarcoidosis, idiopathic pulmonary fibrosis, or cystic fibrosis. PR may also benefit people who need lung surgery, both before and after surgery.

Pulmonary rehabilitation is a multidisciplinary approach which includes exercise training, nutritional counseling, techniques to conserve energy, individual and group psychological counseling and support and breathing strategies.

Authorization:

Prior authorization is required for outpatient pulmonary rehab (physical and occupational therapy services only) provided to members enrolled in commercial (HMO, POS, PPO) products.

- Authorization typically provides for one multi-disciplinary course of treatment per member (generally 2-3 visits per week for up to four weeks).
- An additional course of treatment may be authorized for members with COPD when specific criteria are met.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email (utilization_requests@harvardpilgrim.org), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the instructions [here](#).) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

Policy and Coverage Criteria:

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following InterQual® criteria:

- Pulmonary: Rehabilitation (Adult) (Version 2022)

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Codes	Description
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Bartolome, CR. Pulmonary rehabilitation in COPD. UpToDate.com/login [via subscription only]. Accessed July 2, 2021.
2. Ferguson, GT., Make, B. Management of stable chronic obstructive pulmonary disease. UpToDate.com/login [via subscription only]. Accessed July 2, 2021.
3. Higashimoto, Yuji, et al. "Influence of comorbidities on the efficacy of pulmonary rehabilitation in patients with chronic obstructive pulmonary disease." *Geriatrics & gerontology international* (2015).
4. Kozu, R., Senjyu, H., Jenkins, S. C., Mukae, H., Sakamoto, N., & Kohno, S. (2011). Differences in response to pulmonary rehabilitation in idiopathic pulmonary fibrosis and chronic obstructive pulmonary disease. *Respiration*, 81(3), 196-205. Physical training for interstitial lung disease (Review). The Cochrane Collaboration. The Cochrane Library. 2010, issue 3.
5. Lacasse, Yves, et al. "Pulmonary rehabilitation for chronic obstructive pulmonary disease." *Cochrane Database Syst Rev* 4.4 (2006).
6. Nici, Linda, et al. "American thoracic society/European respiratory society statement on pulmonary rehabilitation." *American journal of respiratory and critical care medicine* 173.12 (2006): 1390-1413.
7. Puhan, Milo A., et al. "Pulmonary rehabilitation following exacerbations of chronic obstructive pulmonary disease." *The Cochrane Library* (2016).
8. Qaseem, Amir, et al. "Diagnosis and management of stable chronic obstructive pulmonary disease: a clinical practice guideline update from the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society." *Annals of internal medicine* 155.3 (2011): 179-191.
9. Rabe, Klaus F., et al. "Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD executive summary." *American journal of respiratory and critical care medicine* 176.6 (2007): 532-555.
10. Weiss, ST. Chronic obstructive pulmonary disease: Risk factors and risk reduction. UpToDate.com/login [via subscription only]. Accessed July 2, 2021.
11. Wickerson, Lisa, Sunita Mathur, and Dina Brooks. "Exercise training after lung transplantation: a systematic review." *The Journal of Heart and Lung Transplantation* 29.5 (2010): 497-503.

Summary of Changes:

Date	Revisions
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7/22	Annual review; no changes
2/22	Coding update
7/21	No changes
9/20	Annual review; no changes
8/19	Annual review; InterQual® criteria adopted
7/17	Updated background, supporting information and references.
5/17	Supporting information and references updated.
4/16	Formatting changes and reference updates
3/15	Minor language and formatting changes.

Approved by Medical Policy Committee: 7/20/22

Approved by Clinical Policy Operational Committee: 11/02, 1/04, 2/05, 3/06, 3/07, 3/08, 5/09, 4/10, 6/11, 6/12, 9/13, 2/14, 3/15, 4/16, 5/17, 7/17, 8/19, 11/19, 10/20; 7/21; 2/22; 8/22

Policy Effective Date: 9/12/22

Initiated: 11/1/01

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.