Benefit Coverage
Covered Benefit for lines of business including: Health Benefits Exchange (HBE), RIte Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity

Excluded from Coverage: Extended Family Planning (EFP)

Pulmonary rehabilitation is a conditional benefit, available through contracted providers within the Neighborhood network. Prior authorization is required for all Lines Of Business, excluded from benefit is Extended Family Planning (EFP) and approval is based on review of medical necessity documentation. This policy includes information and criteria for pulmonary rehabilitation both in the outpatient setting and at home.

Pulmonary Rehabilitation authorizations for an outpatient program include 24 sessions (2 sessions per week for 12 weeks).

Authorizations for a home program include an evaluation and assessment and 12-18 total visits by multiple disciplines over an 8 week period.

Coverage Determination
Neighborhood covers Pulmonary Rehabilitation as a clinical option when determined to be medically necessary. Prior authorization is required.

Criteria
Outpatient Pulmonary Rehabilitation Program
All of the following criteria must be met for authorization of member participation in an outpatient program:

1. The member’s diagnosis is chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, or status post lung transplant.
2. The member’s pulmonary disease is medically stable.
3. The member is under the care of a physician, with a specific referral for the participation in the pulmonary rehabilitation program.
4. A PFT within the past six (6) months shows moderate to severe COPD with FEV <60% predicted or meets the medical criteria for home supplemental oxygen coverage.
5. The member suffers significant respiratory symptoms while performing ADL’s.
6. The member is not limited by another serious or unstable medical condition.
7. The member has a sufficient level of cognition to comprehend and motivation to participate in the rehabilitation therapy.
8. The member is a non-smoker for at least three months prior to the program or agrees to stop smoking during the duration of the program and will enroll in a smoking cessation program while on the program.

Home Pulmonary Rehabilitation Program
All of the above criteria must be met for authorization of member participation in a home program.
Additionally, it must be documented that barriers exist that preclude the member from achieving goals in an outpatient setting.

**Exclusions**
Members with unstable ischemic heart disease are not eligible for pulmonary rehabilitation unless there is documentation of medical clearance by a cardiologist.
Exercise equipment, physiotherapy, or personal comfort and convenience items are excluded from coverage. Also refer to Clinical Medical Policy for Durable Medical Equipment.

*For More information on Coding please reference the Authorization Quick Reference Guide*

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**CMP Number:** CMP-033  
**CMP Cross Reference:** CMP-018 Durable Medical Equipment

**References:**


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Disclaimer:
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member’s coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.