



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1417.DC	
Subject:	Pulmonary Rehabilitation Program	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/22, 07/23	
Review Effective Date(s):		
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	CFR § 410.47(b)	
Approved:	Sharon Henry, RN Director, Clinical Operations	Raymond Tu, MD Senior Medical Director (CMO)

Purpose: To define the conditions under which MedStar Family Choice District of Columbia (MFC-DC) utilization staff may authorize medically supervised pulmonary rehabilitation programs.

Scope: MedStar Family Choice District of Columbia

Policy: It is the policy of MFC-DC to authorize medically supervised pulmonary rehabilitation programs by nurse utilization management staff and Medical Advisors as outlined in the criteria below. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a Medical Exception.

Procedure:

A. Medical Necessity Criteria:

1. **Chronic Obstructive Pulmonary Disease (COPD):** Nurse utilization management staff may authorize medically supervised Pulmonary Rehabilitation programs that are prescribed by in-network pulmonology specialists when the following criteria are met:
 - Enrollee has Chronic Obstructive Pulmonary Disease (COPD) with moderate to severe COPD (defined as GOLD classification II, III, and IV) with FEV1 < 80% predicted.
 - Enrollee has had confirmed or suspected COVID-19 and experiences persistent symptoms that include respiratory dysfunction for at least four weeks.
2. **Chronic Respiratory Impairment other than COPD:** Drawing on information from reviews of current medical literature and evidence-based practice guidelines, a Medical Director or Designee will assess the medical necessity of a supervised Pulmonary Rehabilitation program prescribed by in-network pulmonology specialists for enrollees with the following diagnoses who have disabling dyspnea that restricts ordinary activities of daily living:
 - a. Interstitial Lung Disease
 - b. Bronchiectasis
 - c. Cystic Fibrosis
 - d. Asthma
 - e. Pulmonary Hypertension
 - f. Lung Cancer
 - g. Lung Volume Reduction Surgery
 - h. Lung Transplantation
3. **Duration of Pulmonary Rehabilitation & Redetermination:** Initial authorization may include up to 18 covered visits pending redetermination, with a maximum of 36 total covered visits after redetermination. The redetermination process involves a review of medical records that reflect enrollee performance in the initially authorized Pulmonary Rehabilitation program.

References:

Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS). CMS Manual System, Pub 100-02 Medicare Benefit Policy, Transmittal 124. May 7, 2010. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124BP.pdf>

Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Pulmonary Rehabilitation Services (240.8) <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=320&ver=1>

<p>Summary of Changes:</p>	<p>07/23:</p> <ul style="list-style-type: none"> • Added Regulatory References. • Updated Medical Necessity Criteria to include COVID 19. • Removed Table 2: Exercised-Based Rehabilitation in Patients with Chronic Respiratory Disease Other Than Chronic Obstructive Pulmonary Disease. • Updated References. <p>07/22:</p> <ul style="list-style-type: none"> • Updated Responsible Parties • Updated Approved <p>10/20:</p> <ul style="list-style-type: none"> • New policy.
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