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<b>Medical Benefit</b>		<b>Effective Date:</b> 07/01/14	<b>Next Review Date:</b> 03/15
<b>Preauthorization</b>	No	<b>Review Dates:</b> 03/07, 05/08, 05/09, 03/10, 03/11, 03/12, 03/13, 03/14	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

### Description

Pulmonary rehabilitation (PR) is a multidisciplinary approach to reducing symptoms and improving quality of life in patients with compromised lung function. The approach can be used in patients with chronic pulmonary disease and as preoperative conditioning before lung surgery.

#### Background

The American Thoracic Society (ATS) and the European Respiratory Society (ERS) define pulmonary rehabilitation (PR) as a "comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to exercise training, education and behavior change." (1) Pulmonary rehabilitation programs are intended to improve the patient's functioning and quality of life. The vast majority of study has focused on patients with chronic obstructive pulmonary disease (COPD), although there has been some interest in PR in patients with asthma, cystic fibrosis, or bronchiectasis. According to a joint ATS/ERS (American Thoracic Society/European Respiratory Society) statement issued in 2013, pulmonary rehabilitation may be of value for conditions other than COPD (e.g., bronchiectasis, asthma and cystic fibrosis) in cases in which respiratory symptoms are associated with diminished functional capacity or reduced health-related quality of life.

Pulmonary rehabilitation is also routinely offered to patients awaiting lung transplantation and lung volume reduction surgery (LVRS). PR before lung surgery may stabilize or improve patients' exercise tolerance, teach patients techniques that will help them recover after the procedure, and allow healthcare providers to identify individuals who might be suboptimal surgical candidates due to non-compliance, poor health, or other reasons.

#### Related Protocols

Lung Volume Reduction Surgery for Severe Emphysema

Lung and Lobar Lung Transplant

Heart/Lung Transplant

### Policy (Formerly Corporate Medical Guideline)

A single course of pulmonary rehabilitation in the outpatient ambulatory care setting may be considered **medically necessary** for outpatient treatment of chronic pulmonary disease for patients with moderate to severe disease who are experiencing disabling symptoms and significantly diminished quality of life in spite of optimal medical management.

A single course of pulmonary rehabilitation may be considered **medically necessary** in an outpatient ambulatory care setting as a preoperative conditioning component for those considered appropriate candidates for lung volume reduction surgery (see Protocol on Lung Volume Reduction Surgery for Severe Emphysema) and for lung transplantation (see Protocol on Lung and Lobar Lung Transplant).

Multiple courses of pulmonary rehabilitation are considered **investigational**, either as maintenance therapy in patients who initially respond or in patients who fail to respond or whose response to an initial rehabilitation program has diminished over time.

Home-based pulmonary rehabilitation programs are considered **investigational**.

Pulmonary rehabilitation programs are considered **investigational** in all other situations.

### Policy Guideline

A pulmonary rehabilitation outpatient program is a comprehensive program that generally includes team assessment, patient training, psychosocial intervention, exercise training, and follow-up. The overall length of the program and the total number of visits for each component may vary from program to program.

Team assessment includes input from a physician, respiratory care practitioner, nurse, and psychologist, among others.

Patient training includes breathing retraining, bronchial hygiene, medications, and proper nutrition.

Psychosocial intervention addresses support system and dependency issues.

Exercise training includes strengthening and conditioning and may include stair climbing, inspiratory muscle training, treadmill walking, cycle training (with or without ergometer), and supported and unsupported arm exercise training. Exercise conditioning is an essential component of pulmonary rehabilitation. Education in disease management techniques without exercise conditioning does not improve health outcomes of patients who have chronic obstructive pulmonary disease.

Follow-up to a comprehensive outpatient pulmonary rehabilitation program may include supervised home exercise conditioning.

Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition. Contraindications to pulmonary rehabilitation include severe psychiatric disturbance (e.g., dementia, organic brain syndrome), and significant or unstable medical conditions (e.g., heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke).

### Benefit Application

Programs usually last six-eight weeks in duration. However some products may have session limitations.

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Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced

procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

## References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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