



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Pulmonary Rehabilitation (PR)
<b>Policy Number:</b>	MP-037-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	06/01/2023; 07/01/2022; 06/18/2021; 06/29/2020; 07/15/2019; 07/15/2018
<b>Effective Date:</b>	07/01/2023; 08/01/2022; 07/19/2021; 01/01/2020; 07/15/2019; 07/15/2018; 12/01/2017
<b>Next Annual Review:</b>	05/2024
<b>Revision Date:</b>	05/17/2023; 05/19/2021; 03/23/2021; 05/20/2020; 05/15/2019; 04/18/2018
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating practitioners and facilities unless contractually precluded
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**Policy History**

<b>Date</b>	<b>Activity</b>
07/01/2023	Provider Effective date
05/17/2023	QI/UM Committee review
05/17/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
08/01/2022	Provider Effective date
05/18/2022	QI/UM Committee review
05/18/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and Reference Sources.
07/19/2021	Provider effective date
05/19/2021	QI/UM Committee review
05/19/2021	Annual Review: Updated to Medicare format. Added NCD and Transmittal links. Removed all procedure and diagnosis coding according to published Medicare documentation.
03/23/2021	Urgent Review: Changes made to prior authorizations requirements. Please note the policy effective date is postdated effective 01/01/2021.
01/01/2021	Provider effective date
05/20/2020	QI/UM Committee review

05/20/2020	Annual Review: formatting changes; removed hyperlinks; no criteria changes, added new diagnosis codes D86.0 & D86.2, J98.2 & J98.3 to be consistent with coverage criteria; removed diagnosis J41.0, Q21.0 & Q33.4 as unrelated; updated Reference section.
07/15/2019	Provider Effective Date
05/16/2019	QI/UM Committee Review
05/16/2019	Annual Review Revisions: No criteria changes; Removed the hyperlinks from the references
07/15/2018	Provider effective date
04/18/2018	QI/UM Committee Review
04/18/2018	Annual Review Revisions: Under Procedure Section letters A & B have been revised regarding ordering & consulting provider; Added covered procedure code 94799
12/01/2017	Provider effective date
10/18/2017	QI/UM Committee review
10/13/2017	Initial policy developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary pulmonary rehabilitation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

## **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for pulmonary rehabilitation is an outpatient program based in a hospital or clinic setting.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD and/or the state-specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Link

- NCD: [Pulmonary Rehabilitation Services \(240.8\)](#)
- There are no LCDs related to this topic.

### Transmittal Link

- CMS Transmittal: [Transmittal 78 \(Medicare Claims Processing\)](#)

## **Reference Source**

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8). Effective Date September 25, 2007. Accessed on April 27, 2023.

Centers for Medicare and Medicaid Services (CMS). Transmittal 78. Effective Date December 5, 2007. Accessed on April 27, 2023.

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.