

Medical Necessity Guidelines: Pulmonary Rehabilitation: Inpatient

Effective: October 21, 2020

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p>Applies to: COMMERCIAL Products</p> <p><input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Pulmonary rehabilitation is a multi-dimensional continuum of services directed to persons with pulmonary disease and their families, usually by an interdisciplinary team of specialists, with the goal of achieving and maintaining the individual's maximum level of independence and functioning in the community. The principal goals of pulmonary rehabilitation include reducing symptoms, decreasing disability, increasing participation in physical and social activities, and improving the overall quality of life (QOL) for patients with chronic respiratory disease. These goals are achieved through patient and family education, exercise training, psychosocial and behavioral intervention, and outcome assessment. The rehabilitation intervention is geared toward the unique problems and needs of each patient and is implemented by a multi-disciplinary team of healthcare professionals (e medicine, 2006).

The New York Heart Association (NYHA) Classification of the stages of heart failure: In order to determine the best course of therapy, physicians often assess the stage of heart failure according to the New York Heart Association (NYHA) functional classification system. This system relates symptoms to everyday activities and the patient's quality of life.

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac

Class	Patient Symptoms
	insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

CLINICAL COVERAGE CRITERIA

- A. Tufts Health Plan may authorize coverage of inpatient pulmonary rehabilitation for Members who meet all of the following criteria (1-7):
1. The Member has a diagnosis of respiratory insufficiency
 2. The Member has not had a previous acute rehabilitation inpatient stay for pulmonary rehabilitation
 3. The Member has experienced a recent (within the last 30 days) decline in his or her function, and requires minimum/limited assistance as defined by at least two of the following:
 - a. The Member is unable to ambulate \geq 50 feet
 - b. The Member is unable to complete ADLs without assistance
 - c. The Member has respiratory impairment
 - d. The Member has a cognitive, language, speech or swallowing impairment
 4. The Member has stopped smoking tobacco products, or has demonstrated compliance with initiation of smoking cessation.
 5. For Members meeting the above criteria, at least one criterion from **a**, **or** at least two criteria from **b** must be met.
 - a. The Member requires continued medical management of at least one of the following primary illnesses or conditions:
 - 1) Hypoxia on room air (within 3 days prior to admission, 89-91% without chronic respiratory disease and 85-89% with chronic respiratory disease)
 - 2) Failed management at a lower level of care (home, subacute, or SNF) in the past, and have had one or more ER visits or acute hospitalizations for respiratory exacerbations within the last 6 months
 - 3) Mechanical ventilation or NIPPV (non-invasive positive pressure ventilation, such as C-PAP) and necessary pre-operative preparation
 - 4) Post cardiac or thoracic event
 - 5) Supplemental oxygen requirement of \geq 40%
 - 6) Ventilator management and stabilization
 - b. The Member requires active management or treatment of at least two of the following comorbid conditions, including, but not limited to:
 - 1) Altered mental status with new or worsening behavioral symptoms within the past 48 hours
 - 2) CHF and NYHA Class III or IV
 - 3) COPD with a respiratory rate between 24-30/min
 - 4) Diabetes with unstable blood glucose levels
 - 5) Deep vein thrombosis, newly diagnosed
 - 6) Hepatic insufficiency or encephalopathy
 - 7) Immunocompromised host
 - 8) Infection with systemic manifestations within the past 30 days
 - 9) Malnutrition
 - 10) Renal insufficiency or end-stage renal disease
 - 11) Ventilator dependent, NIPPV, or respiratory insufficiency
 6. The Member must be able to tolerate a comprehensive rehabilitation program of three (3) or more hours of skilled therapy per day six (6) days per week. This is defined as meeting all of the following criteria.
 - a. The Member is willing and able to participate in the therapy program
 - b. The Member is able to sit unsupported
 - c. The Member was active in the community and in their home prior to admission
 - d. The Member's rehabilitation potential includes a high likelihood of returning to baseline function
 - e. At least two of the following additional therapies are indicated in the Member's rehabilitation program:
 - 1) Physical Therapy

- 2) Occupational Therapy
 - 3) Speech Therapy
- f. The Member's clinical vital signs are stable for participation in the rehabilitation program.
7. Treatment must be precluded in a lower level of care due to the need for physician assessment or intervention at least three (3) times a week, rehabilitation RN services available 24 hours a day, and daily respiratory therapy.
- B. Initial authorization will be for a period of five (5) days. For continued authorization, the Member must continue his or her progressive therapy program with at least two disciplines, three (3) hours a day, at least six (6) days per week and meet all of the following criteria:
1. Adherence to a smoking cessation program.
 2. Participation in daily pulmonary rehabilitation services and education with documentation of improved pulmonary function as demonstrated by increased aerobic capacity or endurance.
 3. The Member must be making progress towards established goals with improved function and reduction of limitations in at least two of the following:
 - a. Ability to perform ADLs
 - b. Pain management with increased tolerance of functional activities
 - c. Performance of functional mobility including transfers, ambulation, or wheelchair mobility
 - d. ROM or strength
 - e. Energy conservation and lifestyle modification

LIMITATIONS

Tufts Health Plan will not cover pulmonary rehabilitation in any of the following situations:

- The Member has reached a functional plateau, or has made only minimal gains in the prior week as defined as one of the following:
 - The Member has had minimal or no improvement in his or her mobility or the ability to perform ADLs.
 - The Member has had minimal or no improvement in his or her safety awareness.
 - The Member has not demonstrated improved aerobic capacity, increased endurance, or decreased oxygen dependence.
- The Member has reached the level of his or her baseline functional status.
- The Member has met all rehabilitation goals.

REFERENCES

1. Sharma, S. and Arneja, A. Pulmonary Rehabilitation. e medicine. June 15, 2006. Retrieved on November 1, 2006 from: www.emedicine.com/pmr/topic181.htm.
2. Heart Failure Society of America. The stages of heart failure – NYHA classification. Retrieved on August 7, 2006 from: www.abouthf.org/questions_stages.htm.

APPROVAL HISTORY

December 1, 2006: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- December 1, 2007: Reviewed and renewed without changes
- July 1, 2008: Title changed to reflect Medical Necessity Guideline's application to Inpatient Pulmonary Rehabilitation only.
- December 23, 2009: Reviewed and no changes made
- April 14, 2010: Reviewed and renewed no changes
- April 2011: Reviewed by MSPAC, no changes
- April 11, 2012: Reviewed and renewed at Integrated Medical Policy Advisory Committee (IMPAC), no changes.
- September 11, 2013: Reviewed by IMPAC, renewed without changes.
- December 10, 2014: Reviewed by IMPAC, renewed without changes.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- December 9, 2015: Reviewed by IMPAC, renewed without changes
- December 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- November 8, 2017: Reviewed by IMPAC, renewed without changes

- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 10, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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