

Pulmonary rehabilitation

We provide coverage for this procedure for adult and pediatric members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: G0237, G0238, G0239, G0302, G0303, G0304, G0424, S9473

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See below for the questions you'll encounter in the e-referral system.

Q Is the request for initial therapy?

A

Possible answers: Yes No N/A

Q Is the patient physically able, motivated and willing to participate in a pulmonary rehabilitation program?

A

Possible answers: Yes No N/A

Q Has the patient stopped smoking or is enrolled in a smoking cessation program?

A

Possible answers: Yes No N/A

Q Is the patient expected to show measurable improvement in a reasonable and predictable time frame?

A

Possible answers: Yes No N/A

Q Is the patient having lung volume reduction surgery OR a lung transplant and requires pulmonary rehab prior to the surgery?

A

Possible answers: Yes No N/A

Q Did the patient have a lung transplant and requires pulmonary rehab after surgery?

A

Possible answers: Yes No N/A

Q Does the patient have a disabling respiratory disease (for example, COPD, asthma, cystic fibrosis and bronchiectasis) and ALL of the following (A-C)? A. Remains symptomatic despite optimal medical management B. Had pulmonary function tests (PFTs) within the past year that showed results for either FVC, FEV1 or DLCO (uncorrected for volume) less than 65% of predicted normal C. Exhibits disabling symptoms that significantly impair the patient's level of functioning

A

Possible answers: Yes No N/A

Q Does the patient have any of the following conditions (A-J)? Note: You MUST select N/A if the patient does NOT have any of the following conditions. A. Ischemic cardiac disease B. Acute cor pulmonale C. Severe pulmonary hypertension D. Significant hepatic dysfunction E. Metastatic cancer F. Renal failure G. Severe cognitive deficit H. Psychiatric disease that interferes with memory and compliance I. Substance abuse J. Disabling stroke

A

Possible answers: Yes No



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Preview questionnaire: Pulmonary rehabilitation

For BCN HMOSM (commercial) and BCN AdvantageSM members

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Q Does the patient require subsequent courses of pulmonary rehabilitation for ONE of the following (A-C)? Note: You MUST select N/A if request is for initial therapy. A. Maintenance therapy (patient responded to initial therapy) B. Patient failed to respond to initial therapy C. Patient's response to an initial rehabilitation program diminished over time

A

Possible answers: Yes No N/A