PULMONARY REHABILITATION

Guideline Number: MMG151.D **Effective Date**: April 1, 2019

Instructions for Use

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Related Policies
None

COVERAGE RATIONALE

Pulmonary rehabilitation is proven and medically necessary in certain circumstances.
For medical necessity clinical coverage criteria, see the following MCG™ Care Guidelines, 23rd edition, 2019, *Pulmonary Rehabilitation, ACG*: A-0372.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
94669	Mechanical chest wall oscillation to facilitate lung function, per session

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HCPCS Code	Description
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
04/01/2019	• Revised coverage rationale; replaced reference to "MCG™ Care Guidelines, *22nd* edition, *2018*" with "MCG™ Care Guidelines, *23rd* edition, *2019*" • Archived previous policy version MMG151.C

INSTRUCTIONS FOR USE

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.