



**MedStar Family
Choice**

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1417	
Subject:	Pulmonary Rehabilitation Program	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	01/01/2017	
Revision Effective Date(s):	07/18, 07/19, 07/20, 07/21, 07/22, 7/23, 07/24, 07/25	
Historical Revision Date(s):		
Review Effective Date(s):		
Historical Review Date(s):	07/17	
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	Code of Federal Regulations section 42 CFR410.47 https://gov.ecfr.io/cgi-bin/textidx?SID=e6ad0b73a71e76dccf2e3dcf31358610&mc=true&node=se42.2.410_147&rgn	
Approved:	AVP Clinical Operations	Chief Medical Officer

Purpose: To define the conditions under which MedStar Family Choice utilization staff may authorize medically supervised pulmonary rehabilitation programs.

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MedStar Family Choice to authorize medically supervised pulmonary rehabilitation programs by nurse utilization management staff and Medical Directors as outlined in the criteria below. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a Medical Exception.**Procedure:**

A. Medical Necessity Criteria:

1. Chronic Obstructive Pulmonary Disease (COPD): Nurse utilization management staff may authorize medically supervised Pulmonary Rehabilitation programs that are prescribed by in-network pulmonology specialists when members have Chronic Obstructive Pulmonary Disease (COPD) that meets or exceeds GOLD Class II criteria for Moderate COPD (FEV1 < 80% predicted).
2. Chronic Respiratory Impairment other than COPD: Drawing on information provided in a review of current medical literature and evidence-based practice guidelines, a Medical Director will assess the medical necessity of supervised Pulmonary Rehabilitation programs prescribed by in-network pulmonology specialists for members with the following diagnoses who have disabling dyspnea that restricts ordinary activities of daily living:
 - a. Interstitial Lung Disease
 - b. Bronchiectasis
 - c. Cystic Fibrosis
 - d. Asthma
 - e. Pulmonary Hypertension
 - f. Lung Cancer
 - g. Lung Volume Reduction Surgery
 - h. Lung Transplantation
 - i. Covid-19, confirmed or suspected with persistent symptoms that include respiratory dysfunction for at least four weeks
3. Duration of Pulmonary Rehabilitation & Redetermination: Initial authorization may include 2 one-hour sessions per day up to 36 covered sessions; for up to additional 36 weeks pending redetermination, with a maximum of 72 total covered sessions after redetermination. The redetermination process involves a review of medical records that reflect member performance in the initially authorized Pulmonary Rehabilitation program.

References:

1. Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS). CMS Manual System, Pub 100-02 Medicare Benefit Policy, Transmittal 124. May 7, 2010.
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124BP.pdf>
Checked 04/20/2025
2. Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS). Local Coverage Article: Billing and Coding: Pulmonary Rehabilitation Services (A56152)
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=56152>
3. Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Pulmonary Rehabilitation Services (240.8)
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=320&ver=1> (checked 04/20/2025)
4. Rochester CL, Vogiatzis I, Holland AE, et al. An Official American Thoracic Society/European Respiratory Society Policy Statement: Enhancing Implementation, Use, and Delivery of Pulmonary Rehabilitation. Am J Respir Crit Care Med. 2015.
https://www.atsjournals.org/doi/10.1164/rccm.201510-1966ST?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed
5. Spruit M, Singh S, Grevey C, et al An Official American Thoracic Society/European Respiratory Society Statement: Key Concepts and Advances in Pulmonary Rehabilitation. Am J Respir Crit Care Med. Vol 188, Issue 8
<https://doi.org/10.1164/rccm.201309-1634ST>
6. Global Initiative for Chronic Obstructive Lung Disease. 2025 GOLD Report
<https://goldcopd.org/2025-gold-report/>

Summary of Changes:	07/25: • Updated References 07/24: • Removed specific names for “Responsible Parties” and “Approved”; just using titles • Updated References • Removed the table from procedure section 3 07/23: • Updated approved by to Carol Attia and Dr. Wills • Updated References • Updated Regulatory References 07/22: • Added Maryland EQRO Systems Performance Review: Standard 7.2 to Regulatory References. • Changed Medical Advisors to Medical Directors. • Changed Physician Advisor to Medical Director. • Added Covid-19 to Medical Necessity Criteria. • Increased duration of coverage. • Changed responsible party from Dr. Toye to Dr. Kats. • Formatted reference section. 07/21: • Added “Maryland” to scope. • Updated Responsible Departments from Utilization Management to Clinical Operations. • Updated references. 07/20: • Updated Section from Care Management to Medical Non-Pharmacy Protocols. 07/19: • Removed “Maryland” from scope. 07/18: • Removed references to DC health plans. • Changed “Physician Advisor” to “Medical Director.” • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. 07/17:
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	• Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toye's title from Senior Medical Director to Chief Medical Officer. 01/17: • New policy.
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