



**MedStar Family  
Choice**

DISTRICT OF COLUMBIA

**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1417.DC</b>	
<b>Subject:</b>	<b>Pulmonary Rehabilitation Program</b>	
<b>Section:</b>	<b>Medical Non-Pharmacy Protocols</b>	
<b>Initial Effective Date:</b>	<b>10/01/2020</b>	
<b>Revision Effective Date(s):</b>	<b>07/22, 07/23, 07/24, 07/25</b>	
<b>Review Effective Date(s):</b>		
<b>Responsible Parties:</b>	<b>Medical Director</b>	
<b>Responsible Department(s):</b>	<b>Clinical Operations</b>	
<b>Regulatory References:</b>	<b>Code of Federal Regulations section 42CFR § 410.47</b>	
<b>Approved:</b>	<b>Director, Clinical Operations</b>	<b>Senior Medical Director (Chief Medical Officer –DC)</b>

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

**Scope:** MedStar Family Choice District of Columbia

**Policy:** It is the policy of MedStar Family Choice DC to authorize medically supervised pulmonary rehabilitation programs by nurse utilization management staff and Medical Advisors 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 the following criteria are met:
  - Enrollee has Chronic Obstructive Pulmonary Disease (COPD) with moderate to severe COPD (defined as GOLD classification II, III, and IV) with FEV1 < 80% predicted.
  - Enrollee has had confirmed or suspected COVID-19 and experiences persistent symptoms that include respiratory dysfunction for at least four weeks.
2. **Chronic Respiratory Impairment other than COPD:** Drawing on information from reviews of current medical literature and evidence-based practice guidelines, a Medical Director or Designee will assess the medical necessity of a supervised Pulmonary Rehabilitation program prescribed by in-network pulmonology specialists for enrollees 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>

(checked 04/20/2025)

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%20pubmed](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%20pubmed)

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/>

<p><b>Summary of Changes:</b></p>	<p><b>07/25:</b></p> <ul style="list-style-type: none"> <li>• Updated AVP Clinical Operation to Director, Clinical Operations</li> <li>• Increased duration of coverage</li> <li>• Updated References</li> </ul> <p><b>07/24:</b></p> <ul style="list-style-type: none"> <li>• Updated Responsible Parties to include only position titles and not names.</li> </ul>
-----------------------------------	--

	<p><b>07/23:</b></p> <ul style="list-style-type: none"> <li>• Added Regulatory References.</li> <li>• Updated Medical Necessity Criteria to include COVID 19.</li> <li>• Removed Table 2: Exercised-Based Rehabilitation in Patients with Chronic Respiratory Disease Other Than Chronic Obstructive Pulmonary Disease.</li> <li>• Updated References.</li> </ul> <p><b>07/22:</b></p> <ul style="list-style-type: none"> <li>• Updated Responsible Parties</li> <li>• Updated Approved</li> </ul> <p><b>10/20:</b></p> <ul style="list-style-type: none"> <li>• New policy.</li> </ul>
--	---