## MEDICAL PRE-AUTHORIZATION CRITERIA

### PROCEDURE/EQUIPMENT

<table>
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<tr>
<th>Pulmonary Rehabilitation</th>
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### CPT/HCPCS CODES

| G0237, G0238, G0239, G0424 |

### CRITERIA

**MUST MEET ALL OF THE FOLLOWING:**

1. The program must be evidence-based, multi-disciplinary and have comprehensive interventions for the patient with an individualized treatment plan.

2. Prior to requesting pulmonary rehab the management of the beneficiary has optimized the following treatment modalities:
   - Smoking Cessation
   - Pharmacological Therapy
   - Oxygen Therapy
   - Nutrition counseling
   - Lung Volume Reduction surgery
   - Evaluation and treatment of sleep disorders

3. The beneficiary has mild to severe chronic lung disease as evidenced by:
   - Mild is FEV1/FVC <70% and FEV1 > 80% of predicted with or without chronic symptoms of cough and/or sputum.
   - Moderate:
     - i. FEV1/FVC < 70% and FEV1 < 80% of predicted, or
     - ii. FEV1 > 50% to < 80% of predicted, or
     - iii. FEV1 > 30% to < 50% of predicted with or without chronic symptoms of cough and/or sputum
   - Severe is FEV1/FVC < 70% FEV1 < 30% predicted or FEV1 < 50% predicted plus respiratory failure or clinical signs of right heart failure.

### REFERENCES


**MEDICAL PRE-AUTHORIZATION CRITERIA**

**MEDICARE**

<table>
<thead>
<tr>
<th>NOT COVERED</th>
<th>CMS has determined that the Social Security Act (the Act) does not expressly define a comprehensive Pulmonary Rehabilitation Program as a Part B benefit.</th>
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<tbody>
<tr>
<td>MEDICAL DIRECTORS’ COMMITTEE REVIEW HISTORY</td>
<td>11/09/11, 12/05/12, 05/07/14, 05/06/15, 07/06/16</td>
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