01-94010-07

Original Effective Date: 10/15/02

Reviewed: 08/28/25

Revised: 09/15/25

Subject: Outpatient Pulmonary Rehabilitation

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement | Billing/Coding | Reimbursement | Program Exceptions | Definitions | Related Guidelines

Other | References | Updates

DESCRIPTION:

A pulmonary rehabilitation outpatient program is a comprehensive program that generally includes team assessment, participant training, psychosocial intervention, exercise training, and follow-up. The overall length of the program and the total number of visits for each component may vary from program to program. Team assessment includes input from a physician, respiratory care practitioner, nurse, and psychologist, among others. Participant training includes breathing retraining, bronchial hygiene, medications, and proper nutrition. Psychosocial intervention addresses support system and dependency issues.

Exercise training includes strengthening and conditioning, and may include stair climbing, inspiratory muscle training, treadmill walking, cycle training (with or without ergometer), and supported and unsupported arm exercise training. Exercise conditioning is an essential component of pulmonary rehabilitation.

Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition.

POSITION STATEMENT:

NOTE: The following services are covered according to the member's/subscriber's contract benefits. Member's/subscriber's contract benefits may have limitations, exclusion, or criteria applicable to pulmonary rehabilitation therapy services.

A single course of pulmonary rehabilitation in the outpatient ambulatory care setting **meets the definition of medical necessity** for treatment of chronic pulmonary disease for persons with moderate-

to-severe disease who are experiencing disabling symptoms and significantly diminished quality of life, despite optimal medical management.

A single course of pulmonary rehabilitation in the outpatient ambulatory care setting **meets the definition of medical necessity** as a preoperative conditioning component for those considered appropriate candidates for lung volume reduction surgery or lung transplantation.

Pulmonary rehabilitation programs **meet the definition of medical necessity** following lung transplantation.

The following are considered **experimental or investigational**:

- Pulmonary rehabilitation programs following other types of lung surgery, included but not limited to lung volume reduction surgery and surgical resection of lung cancer
- Multiple courses of pulmonary rehabilitation, either as maintenance therapy in those who initially respond, or in those who fail to respond, or whose response to an initial rehabilitation program has diminished over time
- Home-based pulmonary rehabilitation programs.

Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

BILLING/CODING INFORMATION:

The following codes may be used to report pulmonary rehabilitation:

CPT Coding:

94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)

HCPCS Coding:

G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, each 15 minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)
S9473	Pulmonary rehabilitation program, non-physician provider, per diem

ICD-10 Diagnosis Codes That Support Medical Necessity:

D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D84.1	Defects in the complement system
D86.0	Sarcoidosis of lung

D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
E84.0	Cystic fibrosis with pulmonary manifestations
I11.9	Hypertensive heart disease without heart failure
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.0	Primary pulmonary hypertension
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0 – J43.9	Emphysema
J44.9	Chronic obstructive pulmonary disease, unspecified
J47.0 – J47.9	Bronchiectasis
M34.0 – M34.9	Systematic sclerosis [scleroderma]
P27.0 – P27.9	Chronic respiratory disease originating in the prenatal period
Q21.0	Ventricular septal defect
Q33.4	Congenital bronchiectasis

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Pulmonary Rehabilitation Services (240.8), located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

None applicable.

OTHER:

None applicable.

REFERENCES:

1. Ahmed I, Mustafaoglu R, Yeldan I, Yasaci Z, Erhan B. Effect of Pulmonary Rehabilitation Approaches on Dyspnea, Exercise Capacity, Fatigue, Lung Functions, and Quality of Life in Patients With COVID-19: A Systematic Review and Meta-analysis. Arch Phys Med Rehabil. 2022 Oct;103(10):2051-2062. doi: 10.1016/j.apmr.2022.06.007. Epub 2022 Jul 29.
2. AHRQ National Guideline Clearing House. Guideline 00985: British Thoracic Society guideline on pulmonary rehabilitation in adults. British Thoracic Society Pulmonary Rehabilitation Guideline Development Group, British Thoracic Society Standards of Care Committee. British Thoracic Society guideline on pulmonary rehabilitation in adults. Thorax. 2013 Sep;68(Suppl 2):ii1-30.
3. American Association of Respiratory Care (AARC) Clinical Practice Guideline, Pulmonary Rehabilitation (Respir Care 2002; 47(5): 617-625).
4. American College of Chest Physicians Patient Education Guides “Pulmonary Rehabilitation, a Team Approach to Improving Quality of Life”.
5. American College of Chest Physicians/ American Association of Cardiovascular and Pulmonary Rehabilitation (ACCP/AACVPR) Pulmonary Rehabilitation Guidelines Panel. Pulmonary Rehabilitation: Joint ACCP/AACVPR Evidence-Based Guidelines. Chest 1997; 112(5): 1363-96.
6. American College of Chest Physicians/American College of Cardiovascular and Pulmonary Rehabilitation. Pulmonary Rehabilitation: Joint ACCP/AACVPR Evidence-Based Clinical Practice Guidelines. Chest 2008; 131; 1-3.
7. American College of Chest Physicians. Family-Based Psychosocial Support and Education as Part of Pulmonary Rehabilitation in COPD: A Randomized Controlled Trial. Chest. 2015;147(3):662-672.
8. American Thoracic Society. Patient Information Series: Exacerbation of COPD. Am J Respir Crit Care Med Vol. 189, P11-P12, 2014. Accessed at https://www.thoracic.org/patients/patient-resources/resources/copd-exacerbations-ecopd.pdf.
9. Blue Cross Blue Shield Association Evidence Positioning System®. 8.03.05 - Outpatient Pulmonary Rehabilitation, 04/25.
10. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD) for Respiratory Therapeutic Services (L33745) (10/01/15) (Retired 07/01/20).
11. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (240.3) (Longstanding policy).
12. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8) (09/25/07).
13. ClinicalTrials.gov, Beneficial Effects of Pulmonary Rehabilitation for Idiopathic Pulmonary Fibrosis, sponsored by National Jewish Health.
14. ClinicalTrials.gov, Effect of Pulmonary Rehabilitation in Lung Cancer Survivors, sponsored by Imperial college Healthcare NHS Trust.
15. ClinicalTrials.gov, Effect of Pulmonary Rehabilitation on Surgical Outcomes in the Cancer Setting, sponsored by M.D. Anderson Cancer Center.
16. Curci C, Pisano F, et al. Early rehabilitation in post-acute COVID-19 patients: data from an Italian COVID-19 Rehabilitation Unit and proposal of a treatment protocol. Eur J Phys Rehabil Med. 2020 Oct;56(5):633-641. doi: 10.23736/S1973-9087.20.06339-X. Epub 2020 Jul 15.
17. Daynes E, Mills G, Hull JH, Bishop NC, Bakali M, Burtin C, McAuley HJC, Singh SJ, Greening NJ. Pulmonary Rehabilitation for People With Persistent Symptoms After COVID-19. Chest. 2024 Sep;166(3):461-471. doi: 10.1016/j.chest.2024.01.029. Epub 2024 Jan 19. PMID: 38246521.

18. Dowman LM, Holland AE. Pulmonary rehabilitation in idiopathic pulmonary fibrosis. Curr Opin Pulm Med. 2024 Sep 1;30(5):516-522. doi: 10.1097/MCP.0000000000001094. Epub 2024 Jul 3. PMID: 38958566.
19. Fuller LM, Button B, Tarrant B, Steward R, Bennett L, Snell G, Holland AE. Longer Versus Shorter Duration of Supervised Rehabilitation After Lung Transplantation: A Randomized Trial. Archives of physical medicine and rehabilitation. 2017 Feb;98(2):220. PMID: 27697429.
20. Gaunaurd IA, Gomez-Marin OW, Ramos CF, et al. Physical activity and quality of life improvements of patients with idiopathic pulmonary fibrosis completing a pulmonary rehabilitation program. Respir Care. Dec 2014;59(12):1872-1879.
21. Guell MR, Cejudo P, Ortega F, et al. Benefits of long-term pulmonary rehabilitation maintenance program in patients with severe chronic obstructive pulmonary disease. Threeyear follow-up. Am J Respir Crit Care Med. Mar 01 2017;195(5):622-629.
22. HAYES Medical Technology Directory; “Pulmonary Rehabilitation” PULM0301.20, (04/02 updated 04/12/07).
23. Hoffman M, Chaves G, Ribeiro-Samora GA, Britto RR, Parreira VF. Effects of pulmonary rehabilitation in lung transplant candidates: a systematic review. BMJ open. 2017 Feb 1;7(2):e013445.
24. Institute for Clinical Systems Improvement (ICSI), Health Care Guideline: Diagnosis and Management of Chronic Obstructive Pulmonary Disease (COPD), Eighth Edition March 2011.
25. Lacasse Y, Brosseau L, Milne S, Martin S, Wong E, Guyatt GH, Goldstein RS, White J. Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews 2001, Issue 4. Art. No.: CD003793. DOI: 10.1002/14651858.CD003793.
26. Lee AL, Hill CJ, McDonald CF, Holland AE. Pulmonary Rehabilitation in Individuals With Non-Cystic Fibrosis Bronchiectasis: A Systematic Review. Archives of physical medicine and rehabilitation. 2017 Apr;98(4):774. PMID: 27320420.
27. Mador MJ, Deniz O, Aggarwal A, Shaffer M, Kufel TJ, Spengler CM. Effect of respiratory muscle endurance training in patients with COPD undergoing pulmonary rehabilitation. Chest. 2005 Sep; 128(3): 1216-24.
28. McCarthy B, Casey D, Devane D, et al. Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev. 2015;2:CD003793.
29. Menson KE, Dowman L. Pulmonary Rehabilitation for Diseases Other Than COPD. J Cardiopulm Rehabil Prev. 2024 Nov 1;44(6):425-431. doi: 10.1097/HCR.0000000000000915. Epub 2024 Oct 10. PMID: 39388147.
30. National Institute for Clinical Excellence (NICE). Chronic obstructive pulmonary disease. Management of chronic obstructive pulmonary disease in adults in primary and secondary care. Clinical Guideline 101. June 2010.
31. National Institute for Health and Care Excellence (NICE). Quality Standard 79 (QS79): Idiopathic pulmonary fibrosis in adults. January 2015. Accessed at https://www.nice.org.uk/guidance/QS79/chapter/Quality-statement-5-Palliative-care.
32. Norweg AM, Whiteson J, Malgady R, Mola A, Rey M. The effectiveness of different combinations of pulmonary rehabilitation program components: a randomized controlled trial. Chest. 2005 Aug; 128(2): 663-72.
33. Ries AL, et al, Pulmonary Rehabilitation: Joint ACCP/AACVPR Evidence-Based Clinical Practice Guidelines, Chest 2007; 131;4-42.
34. Ries AL, Make BJ, Lee SM, Krasna MJ, Bartels M, Crouch R, Fishman AP. National Emphysema Treatment Trial Research Group. The effects of pulmonary rehabilitation in the national emphysema treatment trial. Chest. 2005 Dec; 128(6): 3799-809morbidity in patients with severe COPD. Chest. 2006 Apr; 129(4): 899-904.

35. Rochester CL, Alison JA, Carlin B, Jenkins AR, Cox NS, Bauldoff G, Bhatt SP, Bourbeau J, Burtin C, Camp PG, Cascino TM, Dorney Koppel GA, Garvey C, Goldstein R, Harris D, Houchen-Wolloff L, Limberg T, Lindenauer PK, Moy ML, Ryerson CJ, Singh SJ, Steiner M, Tappan RS, Yohannes AM, Holland AE. Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease: An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2023 Aug 15;208(4):e7-e26. doi: 10.1164/rccm.202306-1066ST.
36. Roman M, Larraz C, Gomez A, et al. Efficacy of pulmonary rehabilitation in patients with moderate chronic obstructive pulmonary disease: a randomized controlled trial. BMC Fam Pract. 2013;14:21.
37. Rugbjerg M, Iepsen UW, Jorgensen KJ, et al. Effectiveness of pulmonary rehabilitation in COPD with mild symptoms: a systematic review with meta-analyses. Int J Chron Obstruct Pulmon Dis. 2015;10:791-801.
38. Salhi B, et al, Effects of Pulmonary Rehabilitation in Patients with Restrictive Lung Diseases, Chest 09-0241.
39. Spruit MA, Singh SJ, Garvey 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. Oct 15 2013;188(8):e13-64.
40. UpToDate. Pulmonary rehabilitation. 2025. Accessed at uptodate.com.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/28/25.

GUIDELINE UPDATE INFORMATION:

10/15/02	New Medical Coverage Guideline.
07/15/04	Scheduled review; no changes.
09/15/06	Scheduled review; added lung volume reduction and lung transplants as covered indications for coverage; removed Medicare Advantage Program Exception information.
08/15/07	Reviewed; reformatted guideline; updated references.
09/15/09	Scheduled review; update position statement. Update ICD 9 coding. Update HCPCS coding. Update references.
01/01/10	Annual HCPCS coding update: add HCPCS code G0424.
10/15/10	Revision; related ICD-10 codes added.
12/15/10	Revision; deleted ICD-9 codes 415.1 and 494; added ICD-9 codes 415.11, 415.12, 415.19, 494.0 and 494.1.
07/15/11	Scheduled review; position statements maintained and references updated.
10/01/11	Revision; added ICD9 codes 415.13, 516.31 and 516.34.
04/01/12	Revision; updated ICD10 coding with new and revised codes.
02/15/14	Revision; Program Exceptions section and references updated.
10/01/15	Revision; updated ICD9 and ICD10 coding sections.
11/01/15	Revision: ICD-9 Codes deleted.
08/15/16	Scheduled review. Revised MCG title and Position Statement section. Updated references.
10/01/19	ICD10 coding update: added I26.93, I26.94.

02/15/20	Scheduled review. Revised description, maintained position statement and updated references.
10/15/21	Scheduled review. Maintained position statement and updated references.
01/01/22	Annual CPT/HCPCS coding update. Added 94625, 94626. Deleted G0424.
05/22/23	Update to Program Exceptions section.
10/15/23	Scheduled review. Maintained position statement and updated references.
09/15/25	Scheduled review. Maintained position statement and updated references.