**Medical Coverage Policy |** Outpatient Pulmonary Rehabilitation

**EFFECTIVE DATE:** 01|01|2020
**POLICY LAST REVIEWED:** 04|02|2025

## OVERVIEW
Pulmonary rehabilitation (PR) is a multidisciplinary approach to reducing symptoms and improving quality of life in individuals with compromised lung function. PR programs generally include an assessment followed by therapeutic interventions including exercise training, education, and behavior change.

## MEDICAL CRITERIA
Not applicable

## PRIOR AUTHORIZATION
Not applicable

## POLICY STATEMENT
**Medicare Advantage Plans and Commercial Products**
Outpatient pulmonary rehabilitation is covered.

Home-based pulmonary rehabilitation programs are not covered for all Blue Cross & Blue Shield of Rhode Island (BCBSRI) products.

**Medicare Advantage Plans**
Outpatient pulmonary rehabilitation beyond one course of treatment is typically not covered as the individual is expected to have been taught the appropriate self-care.

**Commercial Products**
Outpatient pulmonary rehabilitation beyond one course of treatment is typically not medically necessary as the individual is expected to have been taught the appropriate self-care.

## COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Respiratory Therapy benefits/coverage.

## BACKGROUND
In 2013, the American Thoracic Society and the European Respiratory Society defined pulmonary rehabilitation (PR) as a "comprehensive intervention based on a thorough assessment followed by tailored therapies that include, but are not limited to exercise training, education, and behavior change." PR programs are intended to improve functioning and quality of life. Most research has focused on individuals with chronic obstructive pulmonary disease, although there has been some interest in individuals with asthma, cystic fibrosis, or bronchiectasis.

PR is also routinely offered to individuals awaiting lung transplantation and lung volume reduction surgery. PR before lung surgery may stabilize or improve exercise tolerance, teach techniques that will help them recover after the procedure, and allow health care providers to identify individuals who might be suboptimal surgical candidates due to noncompliance, poor health, or other reasons.

Pulmonary rehabilitation programs are intended to improve functioning and quality of life and include exercise training, psychosocial support, and/or education. Programs typically include the following:

- **Team assessment** – input from physician, respiratory care practitioner, nurse, and psychologist, among others
- **Training** – breathing retraining, education on bronchial hygiene, proper use of medications, and proper nutrition
- **Psychosocial intervention** – addresses support system and dependency issues
- **Exercise training** – strengthening and conditioning, which 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. Education in disease management techniques without exercise conditioning does not improve health outcomes of individuals who have chronic obstructive pulmonary disease.

Candidates for pulmonary rehabilitation should be medically stable and not limited by another serious or unstable medical condition. Contraindications to pulmonary rehabilitation include severe psychiatric disturbance (e.g., dementia, organic brain syndrome), and significant or unstable medical conditions (e.g., heart failure, acute cor pulmonale, substance abuse, significant liver dysfunction, metastatic cancer, disabling stroke).

A course of treatment typically consists of two 1-hour sessions per day for up to 36 sessions, with the option for an additional 36 sessions over an extended period of time (not to exceed 72 sessions) when program requirements are met.

According to Medicare Claims Processing Manual Chapter 32 – Billing Requirements for Special Services, as specified in 42 CFR 410.47, Medicare covers pulmonary rehabilitation items and services for individuals with moderate to very severe COPD (defined as GOLD classification II, III, and IV) when referred by the physician treating the chronic respiratory disease, or individuals who have had confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks.

Pulmonary rehabilitation programs must include the following components:

- Physician-prescribed exercise: Aerobic exercise combined with other types of exercise (such as conditioning, breathing retraining, step, and strengthening) as determined to be appropriate for individuals by a physician, or nonphysician practitioner, must be included in each pulmonary rehabilitation session;
- Education or training closely and clearly related to the individual's care and treatment that is tailored to the individual's needs and assists in achievement of goals toward independence in activities of daily living, adaptation to limitations and improved quality of life; including information on respiratory problem management and, if appropriate, brief smoking cessation counseling;
- Psychosocial assessment;
- Outcomes assessment; and,
- An individualized treatment plan detailing how components are utilized for each individual.

Pulmonary rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician, or nonphysician practitioner, immediately available and accessible for medical consultations and emergencies at all times items and services are being furnished under the program.

## CODING

**Medicare Advantage Plans and Commercial Products**

The following code(s) are covered:

**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)

**S9473** Pulmonary rehabilitation program, non-physician provider, per diem

For correct claims processing, claims should not include the following HCPCS code(s). Instead, the codes listed above should be used:

**G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)

**G0238** Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)

**G0239** Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

## RELATED POLICIES

Non-Reimbursable Health Service Codes

## PUBLISHED

Provider Update, June 2025
Provider Update, July 2024
Provider Update, May 2023
Provider Update, July 2022
Provider Update, June 2021

## REFERENCES


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