 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Pulmonary Rehabilitation
	PRODUCT LINE:	All
	POLICY NUMBER:	097
	ORIGINAL POLICY EFFECTIVE DATE:	10/24/2017
	LAST REVISED DATE:	02/02/2020
	LAST REVIEWED DATE:	02/15/2024

**SCOPE:** To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers pulmonary rehabilitation benefits to all members according policy benefits and medical necessity criteria.

**POLICY:** It is the policy of the Cooperative to review prior authorization requests for pulmonary rehabilitation.

**PROCEDURE: Prior Authorization Required: YES**


Medically supervised outpatient pulmonary rehabilitation programs are medically necessary when all of the following criteria are met:

1. Member has a chronic pulmonary disease diagnosis (including alpha-1 antitrypsin deficiency, asbestosis, asthma, emphysema, chronic airflow obstruction, chronic bronchitis, cystic fibrosis, fibrosing alveolitis, pneumoconiosis, pulmonary alveolar proteinosis, pulmonary fibrosis, pulmonary hemosiderosis, radiation pneumonitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, bronchopulmonary dysplasia, Guillain-Barre' syndrome or other infective polyneuritis, muscular dystrophy, myasthenia gravis, paralysis of diaphragm, sarcoidosis, or scoliosis; **AND**
2. Member has shortness of breath; **AND**
3. Symptoms persist despite optimization of medical management; **AND**
4. Member has quit smoking for at least 3 months; **AND**
5. Member is unable to perform activities of daily living (ADLs) due to shortness of breath; **AND**
6. Member has a moderate to severe functional pulmonary disability as evidenced by pulmonary function tests showing that the forced expiratory volume in one second (FEV1) or diffusion capacity for carbon monoxide (DLCO) is less than 60% of predicted; **AND**
7. Member is physically able and motivated to participate in the pulmonary rehabilitation program; **AND**
8. Member does not have any medical conditions that prohibit participation in the program.

Benefit Limit: Members who meet the above medical necessity criteria will be approved for up to 36 visits per lifetime. Members who have completed a pulmonary rehab program would not be approved for participating in a second pulmonary rehab program because this would be considered duplicative and not medically necessary.

APPROVED: Michelle Bauer MD

DATE: 02/15/2024

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**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
04/13/2018	Michele Bauer, CMO	Updated FEV1 and symptom criteria
04/10/2019	Michele Bauer, MD, CMO	Reviewed without changes
02/02/2020	Michele Bauer, MD, CMO	Clarified benefit limit of 36 visits per lifetime
02/14/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
02/07/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
02/17/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
02/15/2024	Michele Bauer, MD, CMO	Reviewed. No changes.