



2009

PULMONARY REHABILITATION CRITERIA (MEDICARE)

Pulmonary rehabilitation is medically appropriate when **ALL** the following are met:

- A pulmonologist is actively involved in the patient's care; **AND**
- Appropriate pulmonary function studies, chest x-ray, ECG, arterial blood gas measurement at rest and during exercise; **AND**
- Pulmonary disability secondary to severe chronic obstructive pulmonary disease, and documented severe functional pulmonary disability is as evidenced by **BOTH** the following:
 - Pulmonary function tests showing that FEV1/FVC is less than 55% of predicted; **AND**
 - A maximal pulmonary exercise stress test under optimal bronchodilator treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO₂ max) equal to or less than 20 ml/kg/min or about 5 mets; **AND**
- Symptomatic despite optimal medical management, which includes medication regimen and pulmonary toilet as documented in clinical notes; **AND**
- The patient has quit all smoking for 3 months or longer; **AND**
- Medically stable, and not limited by significant co-morbid concomitant conditions that would otherwise imminently contribute to deterioration of pulmonary status and /or undermine the expected benefits of the pulmonary rehabilitation program; **AND**
- Medically necessary lung transplants.