PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MPUP3111 (Previously MCUP3111)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Pulmonary Rehabilitation</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 10/20/2010
Effective Date: 01/01/2011</td><td colspan="4">Next Review Date: 08/12/2027
Last Review Date: 08/12/2026</td></tr>
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<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 08/12/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MCUP3104 – Transplant Authorization Process
C. MCUP3113 – Telehealth Services

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Partnership Advantage: Effective January 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook. Coverage criteria apply on implementation of D-SNP, effective January 1, 2028 and subject to CMS and DHCS approval.
B. Pulmonary Rehabilitation: a multi-disciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy and an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities.

IV. ATTACHMENTS:

A. Pulmonary Rehabilitation Questionnaire

V. PURPOSE:

To define covered services and medical necessity criteria for pulmonary rehabilitation.

VI. POLICY / PROCEDURE:

A. This policy addresses indications for the use of pulmonary rehabilitation and its conditions, as well as the process for coverage for Partnership Medi-Cal Members and Partnership Advantage enrollees.
B. All requests for pulmonary rehabilitation require prior authorization. The provider must submit a treatment authorization request (TAR) for consideration.

C. The following codes may be used when applicable for TAR and claim submissions for pulmonary rehabilitation delivered to a Partnership Medi-Cal Member in an outpatient or virtual setting, or to a Partnership Advantage Member in a physician's office or a hospital outpatient setting:
   1. G0237 – Pulmonary Therapeutic Procedure to Build Strength and Endurance
   2. G0238 – Pulmonary Rehab 1:1
   3. G0239 – Pulmonary Rehab Group Training
   4. 93041 – ECG Monitoring
   5. 94625 – Physician or other qualified health care professional* services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring [session]
      a. The modifier -95 is added for telehealth provided services.
   6. 94626 - Physician or other qualified health care professional* services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring [per session]
      a. The modifier -95 is added for telehealth provided services.

   **Provider types who can bill for these services include physicians (doctor of medicine and doctor of osteopathic medicine), physician assistants, nurse practitioners and physical therapists. The ICD-10-CM diagnosis code on the claim must be one of the following: J41.0 thru J41.8, J43.0 thru J43.9, J44.9, U07.1, Z76.82 or Z94.2. Telehealth services must comply with applicable DHCS Medi-Cal or CMS telehealth coverage and billing requirements.*

D. Partnership Advantage Criteria (Effective January 1, 2028):
   1. Partnership Advantage covers pulmonary rehabilitation for enrollees with:
      a. Moderate to very severe COPD (defined as GOLD classification II, III and IV), when referred by the physician treating the chronic respiratory disease;
      b. Confirmed or suspected COVID-19 and experiencing persistent symptoms that include respiratory dysfunction for at least four weeks.
   2. D-SNP Medicare regulations applicable to the Partnership Advantage program are applied only to Partnership Advantage enrollees and do not determine Medi-Cal coverage.
   3. For pulmonary rehabilitation to be covered for Partnership Advantage enrollees, the program must include the following components:
      a. Physician-prescribed exercise during each pulmonary rehabilitation session
      b. Education or training that is closely and clearly related to the individual's care and treatment which 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.
         1) Education must include information on respiratory problem management and, if appropriate, brief smoking cessation counseling.
      c. A psychosocial assessment.
      d. An outcomes assessment.
      e. An individualized treatment plan detailing how components are utilized for each patient. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.
      f. A physician or nonphysician practitioner immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the program. This provision is satisfied if the physician or nonphysician practitioner meets the requirements for direct supervision for physician office services, which may include virtual presence through audio/video real-time communications.
      g. The necessary cardio-pulmonary, emergency, diagnostic, and therapeutic life-saving equipment accepted by the medical community as medically necessary (for example, oxygen, cardiopulmonary resuscitation equipment, and defibrillator) to treat chronic respiratory disease.

E. Medi-Cal Coverage Criteria:
   1. Partnership Medi-Cal covers pulmonary rehabilitation for Members who meet the criteria listed in Attachment A, Pulmonary Rehabilitation Questionnaire, which must be submitted with the TAR. Chronic pulmonary conditions eligible for pulmonary rehabilitation include, but are not limited to, the following:
      a. Chronic Obstructive Pulmonary Disease (COPD) – chronic bronchitis or emphysema
      b. Interstitial lung disease or idiopathic pulmonary fibrosis
      c. Alpha-1-antitrypsin deficiency
      d. Asbestosis
      e. Asthma
      f. Bronchiectasis
      g. Chronic airflow obstruction
      h. Cystic fibrosis
      i. Fibrosing alveolitis
      j. Lung Reduction Surgery
      k. Pneumoconiosis
      l. Pulmonary alveolar proteinosis
      m. Pulmonary hemosiderosis
      n. Radiation pneumonitis
      o. Ankylosing spondylitis
      p. Bronchopulmonary dysplasia
      q. Guillain-Barre syndrome or other infective polyneuritis
      r. Lung cancer
      s. Muscular dystrophy
      t. Myasthenia gravis
      u. Pulmonary Arterial Hypertension (PAH)
      v. Paralysis of the diaphragm
      w. Sarcoidosis
      x. Scoliosis
   2. A Member will also qualify for pulmonary rehabilitation if they meet the criteria detailed in Attachment A and have at least moderate functional pulmonary disability, with appropriate medical management, as demonstrated by one of the following within 12 months prior to the TAR (unless there are special considerations as noted in Section VI.F):
      a. Obstructive disorders: Moderate to very severe COPD (defined as GOLD classification II, III, IV)
      b. Restrictive/fibrotic disorders FEV1, FVC, TLC, or DLCO less than 60% of predicted
      c. Either: A maximal pulmonary exercise stress test under optimal bronchodilatory treatment, as indicated, that demonstrates limitation to exercise with a maximal oxygen uptake (VO2max) equal to or less than 20ml/kg/min, or about 5 metabolic equivalents (METS)
   3. Special Considerations: The following conditions may also be considered for pulmonary rehabilitation although the patient will not necessarily meet the same criteria stated above in VI.E.1.
      a. Members eligible for lung transplantation are eligible for pulmonary rehabilitation without demonstration of chronic lung disorders or dysfunction beginning at the time the Member is approved for a transplant by Partnership and continuing for six weeks after transplantation. For further transplant information, please review policy MCUP3104 Transplant Authorization Process.
      b. Members with post-COVID-19 pulmonary sequelae may also be eligible for pulmonary rehabilitation without demonstration of chronic lung disorders or dysfunction.

F. Limits on Coverage:
   1. Partnership Medi-Cal Members and Partnership Advantage enrollees who meet the criteria will

initially be approved up to a maximum of 36 one-hour sessions. Additional visits can be requested with evidence of compliance with therapy, combined with improvement of function during pulmonary rehabilitation.

a. Medi-Cal generally limits pulmonary rehabilitation to up to 72 lifetime sessions when medically necessary.

VII. REFERENCES:

A. American Thoracic Society Documents: Pulmonary Rehabilitation for Adults with Chronic Respiratory Disease. AJRCCM, Vol 208, No.4, Apr 15, 2023 https://doi.org/10.1164/rccm.202306-1066ST
B. Medi-Cal Provider Manual/ Guidelines: Respiratory Care *(respir)*
C. American Lung Association Public Policy Position on Lung Health: https://www.lung.org/policy-advocacy/public-policy-positions/public-policy-position-lung-health
D. Rehabilitation Interventions for Post-Acute COVID-19 Syndrome: A Systematic Review Int J Environ Res Public Health. 2022 Apr 24;19(9):5185. DOI: 10.3390/ijerph19095185
E. Lin JS, Webber EM, Thomas RG. Screening for Chronic Obstructive Pulmonary Disease: A Targeted Evidence Update for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2022 May. (Evidence Synthesis, No. 215.) Table 1, Classification of COPD as Defined by Global Initiative for Chronic Obstructive Lung Disease (GOLD) Available from: https://www.ncbi.nlm.nih.gov/books/NBK580644/table/ch1.tab1/
F. Global Initiative for Chronic Obstructive Lung Disease 2026 Report
G. Medicare National Coverage Determinations (NCD) Manual 100-03: Chapter 1, Part 4, Section 240.8 Pulmonary Rehabilitation Services. Implementation date 01/07/2008 or any subsequent updates published by CMS.
H. Title 42 Code of Federal Regulations (CFR) Section § 410.26 Services and supplies incident to a physician's professional services: Conditions.
I. 42 CFR § 410.47 Pulmonary rehabilitation program: Conditions for coverage.

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Partnership Advantage (Program effective January 1, 2028)
08/13/25; 08/12/26

Medi-Cal
Partnership Enhanced Benefit approved by Board Resolution number 10.5, dated January 26, 2011.
DHCS added Pulmonary Rehabilitation as a benefit in 2018.
03/21/12; 02/18/15; 02/17/16; 02/15/17; *03/14/18; 11/13/19; 10/14/20; 10/13/21; 08/10/22; 09/13/23; 09/11/24; 08/13/25; 08/12/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
PartnershipAdvantage:
MPUP3111 - 10/20/2010 to 01/01/2015

Policy/Procedure Number: MPUP3111 (previously MCUP3111)			**Lead Department: Health Services** **Business Unit: Utilization Management**
Policy/Procedure Title: Pulmonary Rehabilitation			☒**External Policy** ☐ **Internal Policy**
Original Date: 10/20/2010 Effective Date: 01/01/2011		**Next Review Date: 08/12/2027** **Last Review Date: 08/12/2026**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.