CLINICAL MEDICAL POLICY	
Policy Name:	Pulmonary Rehabilitation (PR)
Policy Number:	MP-037-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	10/26/2026; 06/01/2025; 06/01/2024; 06/01/2023; 07/01/2022; 06/18/2021; 06/29/2020; 07/15/2019; 07/15/2018
Effective Date:	12/26/2026; 07/01/2025; 07/01/2024; 07/01/2023; 08/01/2022; 07/19/2021; 01/01/2020; 07/15/2019; 07/15/2018; 12/01/2017
Next Annual Review:	12/2027
Revision Date:	05/20/2026; 05/21/2025; 05/17/2024; 05/17/2023; 05/19/2021; 03/23/2021; 05/20/2020; 05/15/2019; 04/18/2018
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
12/26/2026	Provider Effective date
05/20/2026	QI/UM Committee review
05/20/2026	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
07/01/2025	Provider Effective date
05/21/2025	QI/UM Committee review
05/21/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
07/01/2024	Provider Effective date
05/17/2024	QI/UM Committee review
05/17/2024	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
07/01/2023	Provider Effective date
05/17/2023	QI/UM Committee review
05/17/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
08/01/2022	Provider Effective date
05/18/2022	QI/UM Committee review

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05/18/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and Reference Sources.
07/19/2021	Provider effective date
05/19/2021	QI/UM Committee review
05/19/2021	Annual Review: Updated to Medicare format. Added NCD and Transmittal links. Removed all procedure and diagnosis coding according to published Medicare documentation.
03/23/2021	Urgent Review: Changes made to prior authorizations requirements. Please note the policy effective date is postdated effective 01/01/2021.
10/13/2017	Initial policy developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary pulmonary rehabilitation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.

2. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

3. Place of Service
   The proper place of service for pulmonary rehabilitation is an outpatient program based in a hospital or clinic setting.

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Coverage Determination and Links

Highmark Wholecare℠ follows the coverage determinations made by CMS as outlined in either the NCD and/or the state-specific LCD/LCA.

CMS Link

- CMS Website

NCD/LCD Link

- NCD: Pulmonary Rehabilitation Services (240.8)
- There are no LCDs related to this topic.

Transmittal Link

- CMS Transmittal: Transmittal 78 (Medicare Claims Processing)

Reference Source

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Pulmonary Rehabilitation Services (240.8). Effective Date September 25, 2007. Accessed on April 30, 2026.

Centers for Medicare and Medicaid Services (CMS). Transmittal 78. Effective Date December 5, 2007. Accessed on April 30. 2026.

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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