

Pulmonary Rehabilitation Referral Guide

Who Should Be Referred for Pulmonary Rehabilitation?

Strongly Recommended / Most Likely to Be Covered

Diagnosis	Coverage Status	Clinical Landmarks Supporting Referral
COPD (stable)	Covered	Dyspnea, exercise limitation, chronic symptoms despite optimized inhaler therapy
COPD following hospitalization for exacerbation	Covered	Recent hospitalization (preferably within 3 weeks), persistent symptoms, reduced exercise tolerance
Interstitial lung disease (all forms)	Commonly Covered	Reduced FVC, reduced DLCO, exertional desaturation, oxygen requirement, dyspnea, impaired exercise capacity
Idiopathic pulmonary fibrosis	Commonly Covered	Progressive disease, exertional dyspnea, oxygen requirement, reduced exercise capacity
Progressive pulmonary fibrosis	Commonly Covered	Declining lung function, worsening symptoms, exercise limitation
Chronic hypoxemic respiratory failure	Commonly Covered	Supplemental oxygen requirement, resting or exertional hypoxemia
Chronic hypercapnic respiratory failure	Commonly Covered	Hypercapnia, nocturnal NIV use, exercise limitation

Often Appropriate / Coverage May Vary

Diagnosis	Coverage Status	Clinical Landmarks Supporting Referral
Pulmonary hypertension	Often Covered	WHO/NYHA Class II–III symptoms, reduced 6MWD, exercise limitation, stable on medical therapy
Bronchiectasis	Often Covered	Chronic dyspnea, recurrent exacerbations, impaired exercise capacity
Asthma	Variable	Persistent symptoms despite guideline-directed

Diagnosis	Coverage Status	Clinical Landmarks Supporting Referral
		therapy, exercise limitation
Post-COVID pulmonary disease	Variable	Dyspnea, reduced exercise capacity, exertional desaturation, abnormal PFTs
Lung transplant (pre/post)	Often Covered	Transplant evaluation or post-transplant recovery
Lung cancer	Often Covered	Treatment-related deconditioning or dyspnea
Restrictive thoracic disorders	Often Covered	Restrictive physiology with functional limitation
Neuromuscular respiratory disease	Often Covered	Reduced vital capacity, respiratory muscle weakness, functional impairment
Sarcoidosis	Variable	Pulmonary involvement with dyspnea, reduced DLCO, exercise limitation

Usually Not Covered as a Stand-Alone Diagnosis

Diagnosis	Coverage Status	Comments
OSA alone	Rarely Covered	Usually requires another qualifying pulmonary diagnosis
Obesity alone	Rarely Covered	Weight-management programs generally more appropriate
Deconditioning alone	Rarely Covered	Requires underlying pulmonary disease
Isolated pulmonary nodule	Rarely Covered	No functional respiratory limitation
Asymptomatic ILD	Rarely Covered	Functional limitation generally required
Asymptomatic sarcoidosis	Rarely Covered	Symptoms or physiologic impairment usually required
Chronic cough alone	Rarely Covered	Typically not accepted
Vocal cord	Rarely Covered	Speech therapy generally preferred

Diagnosis	Coverage Status	Comments
dysfunction / EILO alone		

Practical Referral Threshold

Consider referral when ALL of the following are present:

1. Chronic Respiratory Disease

Examples:

- COPD
- ILD
- Bronchiectasis
- Pulmonary hypertension
- Chronic respiratory failure
- Post-COVID lung disease
- Restrictive thoracic disorders

2. Symptoms or Functional Limitation

Examples:

- Dyspnea on exertion
- mMRC ≥ 2
- Reduced activity tolerance
- Difficulty performing ADLs
- Fatigue related to respiratory disease

3. Objective Evidence of Impairment

One or more of the following:

- Reduced FEV1
- Reduced FVC
- Reduced DLCO
- Reduced 6-minute walk distance
- Exertional oxygen desaturation
- Supplemental oxygen requirement

- Hypercapnia
 - Recent COPD hospitalization
 - WHO/NYHA Class II–III pulmonary hypertension
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High-Yield Referrals for Pulmonary Clinic

The patients most likely to benefit from pulmonary rehabilitation and obtain insurance approval are:

1. COPD (especially after exacerbation or hospitalization)
2. Interstitial lung disease
3. Idiopathic pulmonary fibrosis
4. Progressive pulmonary fibrosis
5. Chronic hypoxemic respiratory failure
6. Chronic hypercapnic respiratory failure
7. Pulmonary hypertension
8. Bronchiectasis
9. Post-COVID pulmonary disease
10. Lung transplant patients

Key Principle

Referral should be driven more by symptoms, exercise limitation, and physiologic impairment than by spirometry alone. Patients with significant dyspnea and impaired functional status frequently benefit even when airflow obstruction is only mild to moderate.