

Pulmonary Rehabilitation. Why is it so hard to qualify?

Pulmonary Rehabilitation is recommended for patients with lung disease who experience shortness of breath frequently and are not able to perform daily activities despite regular use of medication. Many patients in rehabilitation programs have a diagnosis of COPD, but these programs also help people with other types of chronic lung disease that limits breathing and activity. COVID-19 patients should be able to greatly improve their lung function through a Pulmonary Rehab Program. So why isn't it more popular during this pandemic? Most patients that need Pulmonary Rehabilitation are 65 and up and have Medicare as their primary insurance.

In order for Medicare to pay for Pulmonary Rehab, your oxygen saturation must be below 80%. The patient must have moderate to very severe chronic obstructive pulmonary disease (COPD) defined as Gold Standard Classification Stages II, III, and IV, and must be referred by the physician treating the chronic respiratory disease.

Research published November 12, 2018, in the *Annals of the American Thoracic Society* found that only 1.9 percent of patients hospitalized for COPD received pulmonary rehabilitation within six months of being discharged. Some of this is due to the patients being unwilling to participate. However, a large majority of patients referred to Pulmonary Rehab, get denied after their PFT (Pulmonary Function Test) reads an oxygen saturation of greater than 80%.

To put that into perspective, a very ill COVID-19 patient can be admitted to the hospital with what is considered "severe respiratory distress" of 93% oxygen saturation and still not qualify for Pulmonary Rehab. A recent report portrayed that discharged patients with COVID-19 pneumonia are still having residual abnormalities in chest CT scans, with ground-glass opacity as the most common pattern. Persistent impairment of pulmonary function and exercise capacity have been known to last for months or even years in the recovered survivors with other coronavirus pneumonia (severe acute respiratory syndrome/SARS and middle east respiratory syndrome/MERS).¹

A PFT test should be performed routinely on recovered COVID-19 patients, particularly in severe cases. Post COVID-19 lung function has been reduced 20%-30% on average, with the highest reported lung function reduction just under 50%.³ Thus making a post COVID-19 pulmonary rehabilitation program beneficial for those who have "recovered" from acute COVID-19; even more so for those who also have underlying cardiopulmonary disease processes such as COPD or pulmonary fibrosis.

Pulmonary Rehabilitation has been proven to have significant benefits on recovered COVID-19 survivors on both pulmonary function and anxiety. We can only hope Medicare will re-evaluate its qualification standards for this potentially life-saving program.

1. Wang YH, Dong CJ, Hu Y, et al. Temporal Changes of CT Findings in 90 Patients with COVID-19 Pneumonia: A Longitudinal Study [published online March 19, 2020]. *Radiology*. doi: 10.1148/radiol.2020200843

2. [https://pubmed.ncbi.nlm.nih.gov/32411496/Pulmonary Rehabilitation for Patients with Coronavirus Disease 2019 \(COVID-19\) Lu-Lu Yang^{1,2}, Ting Yang²](https://pubmed.ncbi.nlm.nih.gov/32411496/Pulmonary-Rehabilitation-for-Patients-with-Coronavirus-Disease-2019-(COVID-19)-Lu-Lu-Yang^{1,2},-Ting-Yang²)
3. <https://www.dw.com/en/covid-19-recovered-patients-have-partially-reduced-lung-function/a-52859671>