



UM-CDG-065 Pulmonary Stress Testing

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address pulmonary stress testing, exercise testing done to evaluate the functional capacity and to assess the severity and type of impairment of existing, as well as undiagnosed conditions.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan will consider pulmonary stress testing as medically necessary in the following:

1. Evaluation of exercise intolerance:
 - Determination of functional impairment or capacity
 - Determination of exercise-limiting factors and pathophysiologic mechanisms
2. Evaluation of undiagnosed exercise intolerance:
 - Assessing contribution of cardiac and pulmonary etiology in coexisting disease
 - Symptoms disproportionate to resting pulmonary and cardiac tests
 - Unexplained dyspnea when initial cardiopulmonary testing is nondiagnostic
3. Evaluation of members with cardiovascular disease:
 - Functional evaluation and prognosis in members with heart failure
 - Selection for cardiac transplantation
 - Exercise prescription and monitoring response to exercise training for cardiac rehabilitation
4. Evaluation of members with respiratory disease:
 - Functional impairment assessment
 - Chronic obstructive pulmonary disease (COPD)
 - Establishing exercise limitation(s) and assessing other potential contributing factors, especially occult heart disease (ischemia)
 - Determination of magnitude of hypoxemia and for oxygen prescription
 - When objective determination of therapeutic intervention is necessary and not adequately addressed by standard pulmonary function testing
 - Interstitial lung diseases:

- Detection of early (occult) gas exchange abnormalities
- Overall assessment and monitoring of pulmonary gas exchange
- Determination of magnitude of hypoxemia and for oxygen prescription
- Determination of potential exercise-limiting factors
- Documentation of therapeutic response to potentially toxic therapy
- Pulmonary vascular disease
- Cystic fibrosis
- Exercise-induced bronchospasm

Specific clinical applications include:

1. Preoperative evaluation for:
 - Surgery involving lung resection
 - Elderly members undergoing major abdominal surgery
 - Lung volume reduction surgery for emphysema
2. Clinical decision making:
 - Exercise evaluation and prescription for pulmonary rehabilitation
 - Evaluation for impairment-disability
 - Evaluation for lung, heart-lung transplantation

Absolute contraindications include:

- Acute myocardial infarction (3-5 days)
- Unstable angina
- Uncontrolled arrhythmias causing symptoms or hemodynamic compromise
- Syncope
- Active endocarditis
- Acute myocarditis or pericarditis
- Symptomatic severe aortic stenosis
- Uncontrolled heart failure
- Acute pulmonary embolus or pulmonary infarction
- Thrombosis of the lower extremities
- Suspected dissecting aneurysm
- Uncontrolled asthma
- Pulmonary edema
- SpO₂ = 85% on room air
- Acute respiratory failure
- Acute non-cardiopulmonary disorder that may affect exercise performance or be aggravated by exercise
- Mental impairment leading to inability to cooperate with testing

Relative contraindications include:

- Left main coronary artery stenosis or its equivalent
- Moderate stenotic valvular heart disease
- Severe untreated atrial hypertension at rest (200 mmHg systolic, 120 mmHg diastolic)
- Tachyarrhythmias or bradyarrhythmias
- High degree atrioventricular block
- Hypertrophic cardiomyopathy

- Significant pulmonary hypertension
- Advanced or complicated pregnancy
- Electrolyte abnormalities
- Orthopedic impairment that prevents walking

References:

1. Bauldoff G. AACVPR guidelines for pulmonary rehabilitation programs. 4th ed. Champaign, IL: Human Kinetics; 2011.
2. ATS/ACCP Statement on Cardiopulmonary Exercise Testing. Am J Respir Crit Care Med. 2003;167:211–277.
3. Holland AE, Spruit MA, Troosters T, et al. An official European respiratory society/American thoracic society technical standard: Field walking tests in chronic respiratory disease. Eur Respir J. 2014;44:1428–1446.
4. Salzman SH. The 6-min walk test: Clinical and research role, technique, coding, and reimbursement. Chest. 2009;135(5):1345-1352.
5. Local Coverage Determination (LCD) L33444, Pulmonary Stress Testing, 1/1/2025, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33444&ver=40>