

Local Coverage Determination (LCD): Respiratory Care (Respiratory Therapy) (L34149)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

LCD Information

Document Information

LCD ID

Original Effective Date

L34149

For services performed on or after 10/01/2015

LCD Title

Respiratory Care (Respiratory Therapy)

Revision Effective Date

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL34149

Retirement Date

N/A

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Notice Period Start Date

05/22/2018

Notice Period End Date

07/08/2018

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CMS National Coverage Policy

Language quoted from the Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations

(NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, §1861(cc)(1) discusses CORF facility services.

Title XVIII of the Social Security Act, §1861(s)(2)(B) provides coverage of services incident to physician's services furnished to hospital patients.

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR 485.70-CORF personnel qualifications- lists qualifications for respiratory therapists.

Federal Register: December 31, 2002 (Volume 67, Number 251) p 79999-80000 Final rule revisions to payment policies specific to G0237-G0239

CMS Manual System, Pub 100-02, *Medicare Benefit Policy Manual*, Chapter 6, §§20.4-20.4.1

CMS Manual System, Pub 100-02, *Medicare Benefit Policy Manual*, Chapter 8, §50.8.2

CMS Manual System, Pub 100-02, *Medicare Benefit Policy Manual*, Chapter 12, §§10, 20, 20.1, 20.2, 30, 30.1, and 40.5

CMS Manual System, Pub 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, §240.7 and §240.8

CMS Manual System, Pub 100-20, One Time Notification, Transmittal 477, dated April 24, 2009, Change Request 6338

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Respiratory care (respiratory therapy) is defined as those services prescribed by a physician or a non-physician practitioner for the assessment and diagnostic evaluation, treatment, management, and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

Monitoring is defined as the periodic checking of the equipment in actual use to ascertain proper functioning; real time tracking the individual's condition to assure that he/she is receiving effective respiratory therapy services; and periodic evaluation of the patient's progress in improvement of function.

Respiratory care (respiratory therapy) services may include but are not limited to the following:

- application techniques to support oxygenation and ventilation in an acute illness (e.g., establish/maintain artificial airway, ventilatory therapy, precise delivery of oxygen concentrations, aid in removal of secretions from pulmonary tree)
- therapeutic use/monitoring of medicinal gases, pharmacologically active mists and aerosols, and equipment (e.g., resuscitators, ventilators)
- bronchial hygiene therapy (e.g., deep breathing, coughing exercises, IPPB, postural drainage, chest percussion/vibration, and nasotracheal/endotracheal suctioning)
- diagnostic tests ordered by and for the evaluation by a physician or NPP (e.g., pulmonary function test, spirometry, and blood gas analyses etc.)
- pulmonary rehabilitation techniques (e.g., exercise conditioning, breathing retraining, and patient education regarding management of patient's respiratory problems) and
- periodic assessment of the patient for the effectiveness of respiratory therapy services.

The above services may be performed by respiratory therapists, physical therapists, nurses, and other qualified personnel as described by relevant state practice acts. Documentation in the medical record must clearly support the need for respiratory therapy services to be separately reimbursed.

Respiratory care (respiratory therapy) services can be considered reasonable and necessary for the diagnosis and treatment of a specific illness or injury. The service provided must be consistent with the severity of the patient's documented illness and must be reasonable in terms of modality, amount, frequency, and duration of treatment. The treatment must be generally accepted by the professional community as safe and effective for the purpose used, and recognized standards of care should not be violated.

Medicare coverage of respiratory care (respiratory therapy) provided as outpatient hospital or extended care services depends on the determination by the attending physician (as part of his/her plan of treatment) that for the safe and effective administration of such services the procedures or exercises in question need to be performed by a respiratory therapist, physical therapists, nurses, and other qualified personnel as described by relevant state practice acts as listed above. In addition, Medicare may cover postural drainage and pulmonary exercises furnished by a respiratory therapist as incident to a physician's professional service.

Instructing a patient in the use of equipment, breathing exercises, etc. may be considered reasonable and necessary for the treatment of the patient's condition and can usually be given to a patient during the course of treatment by any of the health personnel involved, (e.g., physician, nurse, respiratory care practitioner or other qualified personnel). *These educational instructions are bundled into the covered service and separate payment is not made.* Separate billing for one-on-one education is rarely necessary and is usually only reasonable at the start of the treatment plan. Initially, for outpatient care where a series of visits provides "... an individualized physical conditioning and exercise program using proper breathing techniques..." separate billing for one-on-one intervention is both reasonable and necessary. Provision of more information than is ordinarily provided during the course of a treatment (e.g., extensive theoretical background in the pathology, etiology, and physiological effects of the disease) is not considered reasonable and necessary. Group sessions that only offer generalized (i.e., non-individualized) education and training are not covered.

Therapeutic procedures with an individualized physical conditioning and exercise program using proper breathing techniques can be considered for a patient with activity limitations. Breathing retraining, energy conservation, and relaxation techniques are often used. Ventilatory muscle training (VMT) may be considered reasonable and necessary in a very select population of pulmonary patients who demonstrate significantly decreased respiratory muscle strength and who remain symptomatic despite optimal therapy. Routine exercise, or any exercise, without a documented need for skilled care, is not covered.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

General Information

Associated Information

N/A

Sources of Information

1. American Association of Respiratory Care (AARC) website – <http://www.aarc.org>- information about accredited respiratory care programs and online CRCE (continuing respiratory care education).
2. Filart RA, Bach JR. Pulmonary physical medicine interventions for elderly patients with muscular dysfunction. *Clinics in Geriatric Medicine*. 2003; 19(1):189-204.
3. *International Classification of Functioning, Disability and Health (ICF)*. Geneva: World Health Organization; 2001. <http://www.who.int/classifications/icf/en/>
4. Mahler DA, Fierro-Carrion G, Baird JC. Evaluation of dyspnea in the elderly. *Clinics in Geriatric Medicine*. 2003;19(1):19-33. Describes that the prevalence of dyspnea in the elderly could be as high as 38% and raises the question of how much of this is related to obesity and deconditioning as opposed to actual pulmonary impairments.
5. Taiwo OA, Cain HC. Pulmonary impairment and disability. *Clinics in Chest Medicine*. 2002;23(4):841-851. Describes the role of both PFTs and CPET in the evaluation of pulmonary impairments.

Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R12	The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.	<ul style="list-style-type: none">• Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<p>Section of the LCD.)</p>
10/01/2019	R11	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>09/18/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
10/01/2019	R10	<p>Effective date of service 7/9/18 added:</p> <ul style="list-style-type: none"> • Z48.290 – Encounter for Aftercare Following Bone Marrow Transplant • Z76.82 – Awaiting Organ Transplant Status • Z94.81 – Bone Marrow Transplant Status • Z94.84 – Stem Cell Transplant Status <p>Effective 10/01/2019, added and revised the following ICD-10 codes per the 2019 ICD-10-CM updates:</p> <p>Additions:</p> <ul style="list-style-type: none"> • I26.93 Single subsegmental pulmonary embolism without acute cor pulmonale • I26.94 Multiple subsegmental pulmonary emboli without acute cor pulmonale <p>Code Revision:</p> <ul style="list-style-type: none"> • From J44.0 - Chronic obstructive pulmonary disease with acute lower respiratory infection to J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection. <p>9/16/18 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	
10/01/2018	R9	<p>9/4/18 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective date of service 07/09/2018 added: I-10 code G47.33 and in Revision HX number 7 corrected R85.59 to E85.59. This ICD-10-CM code is correct in the ICD-10 Codes that Support Medical Necessity section above.</p> <p>Effective date of service 10/01/2018 added E88.02 per the 2018 ICD-10-CM annual update.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes • Typographical Error
07/09/2018	R8	<p>06/27/18 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Corrected ICD-10 code I27.9 noted in R7 Revision History to I27.29.</p>	<ul style="list-style-type: none"> • Typographical Error
07/09/2018	R7	<p>05/07/18 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>This Draft to Final LCD is new for Jurisdiction E Part B and is effective 07/09/2018 for both Part A and Part B. LCD updated to clarify the ordering of Respiratory Therapy services and the</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>medical necessity in the article text. Added and the following CPT codes new for 2018 because they are within the coverage indications of this LCD effective DOS 10/01/2017: 96417 and 96418 and 96420 was deleted effective for DOS 10/01/2017. Added the following ICD-10 codes new for 2018 because they are within the coverage indications of this LCD: E85.81, E85.82, R85.89, I27.20-I27.24, I27.9, I27.83 and R06.03.</p> <p>The following ICD-10 codes were deleted with the 2018 ICD-10 code updates: E85.8 and I27.2.</p> <p>Also, the description for the following ICD-10 codes changed effective for DOS 01/01/2018: I50.1, M33.01 and M33.11</p>	
01/01/2018	R6	<p>11/29/17: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Added procedure codes 94617 and 94618 effective 01/01/2018 and deleted 94620 effective 12/31/2017.</p>	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes
10/01/2017	R5	<p>08/24/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS 10/01/2017 the following ICD-10-CM codes were added, deleted and had a description change:</p> <p>Added:</p> <ul style="list-style-type: none"> • E85.81 • E85.82 • E85.89 • I27.20 • I27.21 • I27.22 • I27.23 • I27.24 • I27.29 	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<ul style="list-style-type: none"> I27.83 <p>The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field: E85.8 was deleted from Group 1 I27.2 was deleted from Group 1</p> <p>The following ICD-10 code descriptions were changed in the ICD-10 Codes that Support Medical Necessity field: I50.1 descriptor was changed in Group 1 M33.01 descriptor was changed in Group 1 M33.11 descriptor was changed in Group 1</p>	
10/01/2016	R4	The LCD is revised to add new ICD-10 codes and remove deleted code effective 10/1/2016: J95.860, J95.861, J95.862, J95.863, J98.51 and J98.59 added. Deleted code J98.5.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
02/01/2016	R3	R3-LCD revised to delete CPT codes 31500 & 92950 effective 2/1/16 and added ICD-10 code J44.9 effective 10/1/15.	<ul style="list-style-type: none"> Typographical Error Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	The LCD is revised to add ICD-10 code R91.1 to group 1, effective 10/1/2015.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	CPT code 94669 added due to the 2014 CPT/HCPCS codes update.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57224 - Billing and Coding: Respiratory Care (Respiratory Therapy)

A55984 - Response to Comments: Respiratory Care (Respiratory Therapy)

LCD(s)

DL34149

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/29/2020 with effective dates 10/01/2019 - N/A

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Updated on 09/06/2018 with effective dates 10/01/2018 - 09/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

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- Respiratory care
- respiratory therapy
- RT