Local Coverage Determination (LCD):
Respiratory Therapy and Oximetry Services (L33446)

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### Contractor Information

<table>
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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>A and B MAC</td>
<td>10112 - MAC B</td>
<td>J - J</td>
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### LCD Information

#### Document Information

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<th>Original Effective Date</th>
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<td>L33446</td>
<td>For services performed on or after 10/01/2015</td>
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<th>Original ICD-9 LCD ID</th>
<th>Revision Effective Date</th>
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<td>L31755</td>
<td>For services performed on or after 07/25/2019</td>
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<td>Respiratory Therapy and Oximetry Services</td>
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<th>AMA CPT / ADA CDT / AHA NUBC Copyright Statement</th>
<th>Notice Period End Date</th>
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<tr>
<td>CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.</td>
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CMS National Coverage Policy

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.

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

42 CFR §410.32(b) Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions

42 CFR §411.15(k)(1) Particular services excluded from coverage

CMS Internet-Only Manual, Pub. 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 1, §10.3


CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §§70 & 80

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 16, §20

Coverage Guidance

Created on 08/20/2019. Page 2 of 12
Coverage Indications, Limitations, and/or Medical Necessity

Respiratory therapy services provided in a facility are usually the responsibility of the facility’s nursing staff and/or respiratory therapy department.

Payment to a physician may be allowed for respiratory services only when the services are rendered as an integral, although incidental, part of the physician’s professional services in the course of diagnosis or treatment of an injury or illness. It is expected that respiratory therapy services will most often be used in cases of acute respiratory disease or acute exacerbation of chronic disease. Nevertheless, selected chronic stable conditions could require respiratory services. Acute disease states are expected to either subside after a short period of treatment, or, if no response occurs, transfer the patient to a higher level of care.

- Respiratory therapy services performed in a nursing facility or office setting may be eligible for payment to a physician if 1 of the following conditions is met:
  - The service is personally performed by the physician or qualified Non-Physician Practitioner (NPP) if provision of the service is within the scope of his/her license.
  - The service is performed by ancillary personnel employed by the physician, under the direct personal supervision of the physician, and is furnished during a course of treatment in which the physician performs an initial service and subsequent service(s), which reflect his/her active participation in and management of the course of treatment.

Medically necessary reasons for pulse oximetry include:

- The patient exhibits signs or symptoms of acute respiratory dysfunction such as:
  - Tachypnea
  - Dyspnea
  - Cyanosis
  - Respiratory distress
  - Confusion
  - Hypoxia

- The patient has chronic lung disease, severe cardiopulmonary disease, or neuromuscular disease involving the muscles of respiration, and oximetry is needed for at least 1 of the following reasons:
  - Initial evaluation to determine the severity of respiratory impairment
  - Evaluation of an acute change in condition
  - Evaluation of exercise tolerance in a patient with respiratory disease
  - Evaluation to establish medical necessity of an oxygen therapeutic regimen
• The patient has sustained severe multiple trauma or complains of acute severe chest pain.

• The patient is under treatment with a medication with known pulmonary toxicity and oximetry is medically necessary to monitor for potential adverse effects of therapy.

**Note:**

*The results of tests performed by a durable medical equipment (DME) supplier or their employees to qualify patients for home oxygen service are not covered.

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**Summary of Evidence**

N/A

**Analysis of Evidence**

(Rationale for Determination)

N/A

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**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A
General Information

Associated Information

Documentation Requirements

Documentation that supports the medical necessity of the respiratory therapy services and shows it is an integral, although incidental part of the physician’s professional services, must be included in the patient’s medical records and be available to the A/B MAC upon request. In addition to the physician’s initial assessment (history and physical examination), the documentation might include:

- Physician’s orders
- Plan of treatment
- The patient’s response to treatment
- An ongoing assessment for the patient’s continued need for treatment
• In case of consecutive days of care, the medical record should indicate why the patient was not transferred to a higher level of care

• Documentation of frequency must be consistent with the patient plan of care (POC)

When multiple medications are administered and the medications cannot be mixed and administered at one time, the patient’s record must be documented to explain the medical necessity for the separate administrations.

**Continuous Overnight Oximetry**

The patient's record must document that the oximeter is preset and self sealed and cannot be adjusted by the patient. In addition, the device must provide a printout that documents an adequate number of sampling hours, percent of oxygen saturation and an aggregate of the results. This information must be available if requested. In all instances, there must be a request documented in the medical record from the treating physician for these services.

Documentation supporting medical necessity should be legible, maintained in the patient's medical record, and must be made available to the A/B MAC upon request.

**Utilization Guidelines**

In outpatient or home management for patients with chronic cardiopulmonary problems, oximetric determinations once or twice a year are considered reasonable. In all instances, there must be a documented request by a physician/NPP in the medical record for these services. Regular or routine testing will not be allowed for reimbursement. In all circumstances, testing would be expected to be useful in the continued management of a patient particularly in acute exacerbations or unstable conditions (e.g., acute bronchitis in a patient with Chronic Obstructive Pulmonary Disease (COPD)) where increased frequency of testing would be considered, on an individual consideration basis, for coverage purposes.

Only 1 service (oximetry determination) per day will be allowed for testing at a reasonable frequency and if medically necessary regardless of whether the patient is sitting, standing or lying, with or without exercise or oxygen use, unless medical necessity can be demonstrated for additional needs on an individual consideration basis.

More frequent testing may be allowed, on an individual consideration basis, when there is documentation of an acute exacerbation of a chronic pulmonary disease or other acute illnesses with signs indicating or suggesting increased hypoxemia.

**Sources of Information**

N/A

**Bibliography**


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**Revision History Information**

<table>
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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
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<tr>
<td>07/25/2019</td>
<td>R13</td>
<td>All coding located in the Coding Information section has been moved into the related Billing and Coding: Respiratory Therapy and Oximetry Services A56730 article and removed from the LCD.</td>
<td>Provider Education/Guidance</td>
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<tr>
<td></td>
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<td>All verbiage regarding billing and coding under the Coverage Indications, Limitations and/or Medical Necessity section and the Associated Information section has been removed and is included in the related Billing and Coding: Respiratory Therapy and Oximetry Services A56730 article. Formatting was corrected throughout the LCD.</td>
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| 07/04/2019            | R12                     | Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted and defined where appropriate throughout the LCD.  

*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.* | • Provider Education/Guidance                                                                                             |
| 10/26/2018            | R11                     | Under **ICD-10 Codes That Support Medical Necessity Group 1: Codes** added ICD-10 code R06.2.                                                                                                                         | • Provider Education/Guidance  
• Reconsideration Request                                                                                                     |
| 10/26/2018            | R10                     | Under **ICD-10 Codes that Support Medical Necessity Group 1: Codes** ICD-10 codes I78.0 and Q25.72 have been added. This revision is due to a reconsideration request.                                                      | • Reconsideration Request                                                                                                           |
| 05/10/2018            | R9                      | Punctuation was corrected and words were capitalized or changed to lower case as appropriate throughout the policy. CPT® was inserted throughout the policy where applicable. Under **CMS National Coverage Policy** removed italics from the CMS Internet Only Manual regulations. Under **Coverage Indications, Limitations and/or Medical Necessity** added “/her” to the first and second sub-bullet. Under **Note:** added CPT® code 94762 in the first and | • Provider Education/Guidance  
• Typographical Error                                                                                                              |
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| 02/26/2018            | R8                      | second sentence in the first paragraph and revised “his” to now read “their” in the last paragraph. Under **CPT/HCPCS Codes Group 1: Paragraph** added verbiage related to CPT codes 94760, 94761, and 94762. **The Group 2: Paragraph and Group 2: Codes** were added. Under **Bibliography** changes were made to citations to reflect AMA citation guidelines. The author initials were revised for Jameson in the second citation.

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. |

| 10/01/2017            | R7                      | **Provider Education/Guidance**
|                       |                         | **Revisions Due To ICD-10-CM Code Changes**
|                       |                         | • Change in Affiliated Contract Numbers

**Under ICD-10 Codes that Support Medical Necessity Group 1: Codes** added ICD-10 codes I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89 and R06.03 and the code description was revised for J15.6. **Under ICD-10 Codes that Support Medical Necessity Group 2: Codes** deleted ICD-10 code I27.2, added I27.20, I27.21, I27.22, I27.23, I27.24, I27.29, I27.83, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89 and R06.03 and the code description was revised for I50.1. These revisions are due to the 2017 Annual ICD-10 Updates.

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.
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| 06/05/2017            | R6                      | Under **ICD-10 Codes that Support Medical Necessity** - created Group 2 Paragraph with verbiage “Medicare is establishing the following limited coverage for CPT/HCPCS code 94762:” Under **ICD-10 Codes that Support Medical Necessity Group 2: Codes** – added codes G47.10, G47.30, G47.31, G47.32, G47.33, G47.34, G47.35, G47.36, G47.37, I26.01, I26.90, I27.0, I27.2, I27.81, I27.82, I27.89, I27.9, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J44.9, R09.01, R09.02, R40.0, R40.1, R68.13, Z86.74. Under **Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:** *Note:* - added “These codes are to be used only for those patients who exhibit signs and symptoms of oxygen deprivation (supported by the patients medical record).” | • Provider Education/Guidance  
• Revisions Due To ICD-10-CM Code Changes                                                                 |
| 10/01/2016            | R5                      | Under **ICD-10 Codes That Support Medical Necessity** added J95.860, J95.861, J95.862, J95.863, J98.51 and J98.59. This revision is due to the Annual ICD-10 Code Update and becomes effective 10/01/16. | • Provider Education/Guidance  
• Revisions Due To ICD-10-CM Code Changes                                                                 |
| 06/23/2016            | R4                      | Under **CMS National Coverage Policy** for 42 CFR §410.32(b) the title “diagnostic x-ray and other diagnostic tests” was removed and replaced with the full title “Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions” and for 42 CFR §411.15(k)(1) the title “diagnosis or treatment of illness” was removed and replaced with the title “Particular services excluded from coverage”. Under **Coverage Indications, Limitations and/or Medical Necessity** revised the sentence in the second paragraph from “Nevertheless, selected chronic stable conditions could require the services.” to now read “Nevertheless, selected chronic stable conditions could require respiratory services.” The word “The” was added to the beginning of the sentences “Patient exhibits signs or symptoms of acute respiratory dysfunction such as:” and “Patient has chronic lung disease, severe cardiopulmonary disease, or neuromuscular disease involving the muscles of respiration, and oximetry is needed for at least one of the following reasons:”. The word “an” was added to the verbiage “Evaluation to establish medical necessity of oxygen therapeutic regimen” to read “Evaluation to establish medical necessity of an oxygen therapeutic regimen”. The word “The” was added to the beginning of the sentences “Patient has | • Provider Education/Guidance  
• Typographical Error                                                                                           |
<table>
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<td>01/01/2016</td>
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<td>Revisions Due To CPT/HCPCS Code Changes</td>
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<td>10/01/2015</td>
<td>R2</td>
<td>Under CMS National Coverage Policy for citation CMS IOM Pub 100-01 Chapter 1 removed reference to §10.1 and 10.2; for citation CMS IOM Pub 100-02 Chapter 6 removed §70. Under Sources of Information and Basis for Decision corrected citations to meet 508 compliance and corrected the spelling of exacerbations.</td>
<td>Provider Education/Guidance, Typographical Error, Other (Annual Validation)</td>
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<td>10/01/2015</td>
<td>R1</td>
<td>In CMS National Coverage Policy added “CMS” to all Internet-Only Manual citations. Added citations for Internet-Only Manuals Pub 100-01 Sections 10.1, 10.2, and 10.3 as well as Pub 100-02 Chapter 6 Sections 10, 20, 20.2, 20.4.1, and 70. Removed “sleep disorder clinics and diagnostic tests”. In Sources of Information and Basis for Decision removed “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...”</td>
<td>Other (Annual Validation)</td>
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pulmonary impairments” and “Describes the role of both PFTs and CPET in the evaluation of pulmonary impairments.” Also added source Miravitlles M. Long-term antibiotics in COPD: more benefit than harm? Prim care Respir Jour. 2013;22. Formatted all citations to comply with AMA formatting.

### Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)

A56730 - Billing and Coding: Respiratory Therapy and Oximetry Services

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 07/19/2019 with effective dates 07/25/2019 - N/A

Updated on 06/28/2019 with effective dates 07/04/2019 - 07/24/2019

Updated on 09/28/2018 with effective dates 10/26/2018 - 07/03/2019

Updated on 09/07/2018 with effective dates 10/26/2018 - N/A

Updated on 05/04/2018 with effective dates 05/10/2018 - 10/25/2018

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

**Keywords**

- Therapy
- Respiratory
- Oximetry