Local Coverage Determination (LCD): Respiratory Therapy (Respiratory Care) (L31593)

**Contractor Information**

Contractor Name: Palmetto GBA
Contract Number: 11201
Contract Type: MAC - Part A

**LCD Information**

LCD ID: L31593

**Document Information**

Jurisdiction: South Carolina

Original Effective Date: For services performed on or after 01/24/2011

Revision Effective Date: For services performed on or after 06/03/2013

Revision Ending Date: N/A

Retirement Date: N/A

Notice Period Start Date: 01/08/2013
Notice Period End Date: 02/25/2013

CMS National Coverage Policy
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 physicians 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
Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Respiratory therapy (respiratory care) 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 therapy (respiratory care) 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 for evaluation by a physician (e.g. pulmonary function test, spirometry, and blood gas analyses)

- 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 therapy (respiratory care) 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.

There must be a specific written order by the physician for all respiratory therapy (respiratory care) services.

Medicare coverage of respiratory therapy (respiratory care) 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. In addition, Medicare may cover postural drainage and pulmonary exercises furnished by a respiratory therapist as incident to a physician’s professional service. In order to be considered for reimbursement by Medicare, respiratory therapy services must be fully documented in the medical records. The documentation must clearly indicate that the services rendered were reasonable and medically necessary and required the skills of a licensed respiratory therapist.

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 providers "...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 (G0237 through G0239) 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.

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.

012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
071x Clinic - Rural Health
074x Clinic - Outpatient Rehabilitation Facility (ORF)
075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital
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.

0410 Respiratory Services - General Classification
0412 Respiratory Services - Inhalation Services
0413 Respiratory Services - Hyperbaric Oxygen Therapy
0419 Respiratory Services - Other Respiratory Services
0420 Physical Therapy - General Classification
0421 Physical Therapy - Visit
0422 Physical Therapy - Hourly
0423 Physical Therapy - Group
0424 Physical Therapy - Evaluation or Re-evaluation
0429 Physical Therapy - Other Physical Therapy
0430 Occupational Therapy - General Classification
0431 Occupational Therapy - Visit
0432 Occupational Therapy - Hourly
0433 Occupational Therapy - Group
0434 Occupational Therapy - Evaluation or Reevaluation
0439 Occupational Therapy - Other Occupational Therapy

CPT/HCPCS Codes

**Group 1 Paragraph: N/A**

**Group 1 Codes:**
31500 Insert emergency airway
31502 Change of windpipe airway
31720 Clearance of airways
92950 Heart/lung resuscitation cpr
94002 Vent mgmt inpat init day
94003 Vent mgmt inpat subq day
94004 Vent mgmt nf per day
94010 Breathing capacity test
94011 Spirometry up to 2 yrs old
94012 Spiromtry w/brnchdil inf-2 yr
94013 Meas lung vol thru 2 yrs
94060 Evaluation of wheezing
94070 Evaluation of wheezing
94150 Vital capacity test
94200 Lung function test (MBC/MVV)
94250 Expired gas collection
94375 Respiratory flow volume loop
94400 CO2 breathing response curve
94450 Hypoxia response curve
94620 Pulmonary stress test/simple
94621 Pulm stress test/complex
94640 Airway inhalation treatment
94642 Aerosol inhalation treatment
94660 Pos airway pressure cpap
94662 Neg press ventilation cpn
94664 Evaluate pt use of inhaler
94667 Chest wall manipulation

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ICD-9 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

010.01 - 010.06 opens in new window  PRIMARY TUBERCULOUS COMPLEX BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - PRIMARY TUBERCULOUS COMPLEX TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

010.11 - 010.16 opens in new window  TUBERCULOUS PLEURISY IN PRIMARY PROGRESSIVE TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - TUBERCULOUS PLEURISY IN PRIMARY PROGRESSIVE TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

010.80 - 010.86 opens in new window  OTHER PRIMARY PROGRESSIVE TUBERCULOSIS CONFIRMATION UNSPECIFIED - OTHER PRIMARY PROGRESSIVE TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

011.00 - 011.96 opens in new window  TUBERCULOSIS OF LUNG INFILTRATIVE CONFIRMATION UNSPECIFIED - UNSPECIFIED PULMONARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

012.01 - 012.06 opens in new window  TUBERCULOUS PLEURISY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - TUBERCULOUS PLEURISY TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

012.21 - 012.26 opens in new window  ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

012.31 - 012.36 opens in new window  TUBERCULOUS LARYNGITIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - TUBERCULOUS LARYNGITIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

012.81 - 012.86 opens in new window  OTHER SPECIFIED RESPIRATORY TUBERCULOSIS BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION NOT DONE - OTHER SPECIFIED RESPIRATORY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)

020.2 - 020.5 opens in new window  SEPTICEMIC PLAGUE - PNEUMONIC PLAGUE UNSPECIFIED

022.1  PULMONARY ANTHRAX

031.0  PULMONARY DISEASES DUE TO OTHER MYCOBACTERIA

032.3  LARYNGEAL DIPHTHERIA

033.0 - 033.9 opens in new window  WHOOPING COUGH DUE TO BORDETELLA PERTUSSIS (B. PERTUSSIS) - WHOOPING COUGH UNSPECIFIED ORGANISM

039.1  PULMONARY ACTINOMYCOTIC INFECTION

042  HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE

052.1  VARICELLA (HEMORRHAGIC) PNEUMONITIS
415.11  IATROGENIC PULMONARY EMBOLISM AND INFARCTION  
415.12  SEPTIC PULMONARY EMBOLISM  
415.13  SADDLE EMBOLUS OF PULMONARY ARTERY  
415.19  OTHER PULMONARY EMBOLISM AND INFARCTION  
416.0  PRIMARY PULMONARY HYPERTENSION  
416.1  KYPHOSCOLIOTIC HEART DISEASE  
416.2  CHRONIC PULMONARY EMBOLISM  
416.8  OTHER CHRONIC PULMONARY HEART DISEASES  
417.0  ARTERIOVENOUS FISTULA OF PULMONARY VESSELS  
417.8  OTHER SPECIFIED DISEASES OF PULMONARY CIRCULATION  
424.3  PULMONARY VALVE DISORDERS  
427.5  CARDIAC ARREST  
428.0 - 
428.9 opens in new window  
428.9 opens in new window  
464.10 - 
464.4 opens in new window  
465.0  ACUTE TRACHEITIS WITHOUT OBSTRUCTION - CROUP  
466.0 - 
466.19 opens in new window  
466.19 opens in new window  
476.1  CHRONIC LARYNGOTRACHEITIS  
478.30 - 
478.34 opens in new window  
478.30 -  
478.34 opens in new window  
478.6  EDEMA OF LARYNX  
478.70 - 
478.75 opens in new window  
478.70 -  
478.75 opens in new window  
478.79  OTHER DISEASES OF LARYNX  
478.8  UPPER RESPIRATORY TRACT HYPERSENSITIVITY REACTION SITE UNSPECIFIED  
478.9  OTHER AND UNSPECIFIED DISEASES OF UPPER RESPIRATORY TRACT  
480.0  PNEUMONIA DUE TO ADENOVIRUS  
480.1  PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS  
481  PNEUMOCOCCAL PNEUMONIA [STREPTOCOCCUS PNEUMONIAE PNEUMONIA]  
482.30 - 
482.39 opens in new window  
482.30 -  
482.39 opens in new window  
482.40  PNEUMONIA DUE TO STAPHYLOCOCCUS UNSPECIFIED  
482.41  METHICILLIN SUSCEPTIBLE PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS  
482.42  METHICILLIN RESISTANT PNEUMONIA DUE TO STAPHYLOCOCCUS AUREUS  
482.49  OTHER STAPHYLOCOCCUS PNEUMONIA  
483.0 - 
483.1 opens in new window  
483.0 -  
483.1 opens in new window  
484.1 - 
484.8 opens in new window  
484.1 -  
484.8 opens in new window  
485  BRONCHOPNEUMONIA ORGANISM UNSPECIFIED  
486  PNEUMONIA ORGANISM UNSPECIFIED  
487.0  INFLUENZA WITH PNEUMONIA  
487.1  INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS  
488.01  INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS WITH PNEUMONIA  
488.02  INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS  
488.09  INFLUENZA DUE TO IDENTIFIED AVIAN INFLUENZA VIRUS WITH OTHER MANIFESTATIONS  
488.11  INFLUENZA DUE TO IDENTIFIED 2009 H1N1 INFLUENZA VIRUS WITH PNEUMONIA  
488.12  INFLUENZA DUE TO IDENTIFIED 2009 H1N1 INFLUENZA VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS  
488.19  INFLUENZA DUE TO IDENTIFIED 2009 H1N1 INFLUENZA VIRUS WITH OTHER MANIFESTATIONS  
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516.33 ACUTE INTERSTITIAL PNEUMONITIS
516.34 RESPIRATORY BRONCHIOLITIS INTERSTITIAL LUNG DISEASE
516.35 IDIOPATHIC LYMPHOID INTERSTITIAL PNEUMONIA
516.36 CRYPTOGENIC ORGANIZING PNEUMONIA
516.37 DESquamative INTERSTITIAL PNEUMONIA
516.4 LYMPHANGIOLEIOMYOMATOSIS
516.5 ADULT PULMONARY LANGERHANS CELL HISTIOCYTOSIS
516.61 NEUROENDOCRINE CELL HYPERPLASIA OF INFANCY
516.62 PULMONARY INTERSTITIAL GLYCOGENOSIS
516.63 SURFACtANT MUTATIONS OF THE LUNG
516.64 ALVEOLAR CAPILLARY DYSPLASIA WITH VEIN MISALIGNMENT
516.69 OTHER INTERSTITIAL LUNG DISEASES OF CHILDHOOD
516.8 OTHER SPECIFIED ALVEOLAR AND PARIETOALVEOLAR PNEUMONOPATHIES
517.1 - 517.8 opens in new window RHEUMATIC PNEUMONIA - LUNG INVOLVEMENT IN OTHER DISEASES CLASSIFIED ELSEWHERE
518.0 PULMONARY COLLAPSE
518.1 INTERSTITIAL EMPHYSEMA
518.2 COMPENSATORY EMPHYSEMA
518.3 PULMONARY EOSINOPHILIA
518.4 ACUTE EDEMA OF LUNG UNSPECIFIED
518.51 ACUTE RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY
518.52 OTHER PULMONARY INSUFFICIENCY, NOT ELSEWHERE CLASSIFIED, FOLLOWING TRAUMA AND SURGERY
518.53 ACUTE AND CHRONIC RESPIRATORY FAILURE FOLLOWING TRAUMA AND SURGERY
518.6 ALLERGIC BRONCHOPULMONARY ASPERGILLIOSIS
518.7 TRANSFUSION RELATED ACUTE LUNG INJURY (TRALI)
518.81 ACUTE RESPIRATORY FAILURE
518.82 OTHER PULMONARY INSUFFICIENCY NOT ELSEWHERE CLASSIFIED
518.83 CHRONIC RESPIRATORY FAILURE
518.84 ACUTE AND CHRONIC RESPIRATORY FAILURE
518.89 OTHER DISEASES OF LUNG NOT ELSEWHERE CLASSIFIED
519.00 - 519.8 opens in new window TRACHEOSTOMY COMPLICATION UNSPECIFIED - OTHER DISEASES OF RESPIRATORY SYSTEM NOT ELSEWHERE CLASSIFIED
573.5 HEPATOPULMONARY SYNDROME
639.6 EMBOLISM FOLLOWING ABORTION OR ECTOPIC AND MOLAR PREGNANCIES
668.00 - 668.04 opens in new window PULMONARY COMPLICATIONS OF ANESTHESIA OR OTHER SEDATION IN LABOR AND DELIVERY UNSPECIFIED AS TO EPISODE OF CARE - PULMONARY COMPLICATIONS OF ANESTHESIA OR OTHER SEDATION IN LABOR AND DELIVERY POSTPARTUM
770.10 - 770.18 opens in new window FETAL AND NEWBORN ASPIRATION, UNSPECIFIED - OTHER FETAL AND NEWBORN ASPIRATION WITH RESPIRATORY SYMPTOMS
770.87 RESPIRATORY ARREST OF NEWBORN
770.88 HYPOXEMIA OF NEWBORN
771.81 - 771.89 opens in new window SEPTICEMIA [SEPSIS] OF NEWBORN - OTHER INFECTIONS SPECIFIC TO THE PERINATAL PERIOD
780.50 - 780.59 opens in new window UNSPECIFIED SLEEP DISTURBANCE - OTHER SLEEP DISTURBANCES
780.97 ALTERED MENTAL STATUS
786.00 - 786.09 opens in new window RESPIRATORY ABNORMALITY UNSPECIFIED - RESPIRATORY ABNORMALITY OTHER
ICD-9 Codes that DO NOT Support Medical Necessity

Paragraph: N/A

N/A

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General Information

Associated Information

Documentation Requirements

A physician order for all respiratory therapy intervention/service must be recorded in the patient's medical record. The order must clearly indicate the evaluation or treatment to be performed, the specific modality and duration of all aspects of the treatment, including frequency of monitoring.

Documentation by the physician must indicate the cardiopulmonary diagnosis supporting the medical necessity of the service.

Documentation must be present in the respiratory services records to show:

• the plan of treatment and progress toward measurable goals

• that the care rendered was appropriately delivered by a qualified practitioner. As previously noted, the above services may be performed by respiratory therapists, physical therapists, nurses, and other qualified personnel.
Other qualified personnel may include occupational therapists. Therapeutic procedures whose principle aim is to treat a respiratory impairment should be identified using the G0237-G0239 series of codes. CPT codes 97000 to 97799 are not to be billed by professionals involved in treating respiratory conditions, unless these services are delivered by physical or occupational therapists and meet the other requirements for physical and occupational therapy services.

**CORF social and/or psychological services do not include services for mental health diagnoses. Social and/or psychological services are covered only if the patient's physician or the CORF physician establishes that the services directly relate to the patient's rehabilitation plan of treatment and are needed to achieve the goals in the rehabilitation plan of treatment. Social and/or psychological services are those services that address the patient's response and adjustment to the rehabilitation treatment plan: rate of improvement and progress towards the rehabilitation goals, or other services as they directly relate to the respiratory therapy (respiratory care) plan of treatment being provided to the patient.**

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

**Sources of Information and Basis for Decision**
American Association of Respiratory Care (AARC) website www.aarc.org information about accredited respiratory care programs and online CRCE (continuing respiratory care education).


Mahler DA, Fierro-Carrion G, Baird JC. Evaluation of dyspnea in the elderly. *Clinics in Geriatric Medicine*. February 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.


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**Revision History Information**

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/03/2013 R2</td>
<td></td>
<td>This LCD is out for notice starting 04/18/2013. No comments were received during the comment period. This LCD becomes effective on 06/03/2013.</td>
</tr>
<tr>
<td>01/01/2013 R1</td>
<td></td>
<td>Revision #6, 01/01/2013 Under CMS National Coverage Policy CPT code 94729 had a description change. This revision becomes effective on 01/01/2013</td>
</tr>
</tbody>
</table>

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Revision #5, 11/01/2012
Under **CMS National Coverage Policy** the following manual citations were added: CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 12, §§10, 20, 20.1, 30, and 30.1. The following two change requests were removed as they have been manualized: CMS Manual System, Pub 100-03, Medicare National Coverage Determinations, Transmittal 78, dated December 5, 2007, Change Request 5834 and CMS Manual System, Pub 100-02, Medicare Benefit Policy, Transmittal 111, dated September 25, 2009, Change Request 6005. Under **Indications and Limitations of Coverage and/or Medical Necessity** next to last paragraph added the following verbiage: "These educational instructions are bundled into the covered service and separate payment is not made." And "Initially, for outpatient care where a series of visits providers "...an individualized physical conditioning and exercise program using proper breathing techniques..." separate billing for one-on-one intervention is both reasonable and necessary." Under **Documentation Requirements** deleted the reference to the Palmetto GBA Physical and Occupational Therapy LCDs. The word "Intermediary" was changed to "A/B MAC." Under **Sources of Information and Basis for Decision** deleted the following citation: South Carolina Society for Respiratory Care website www.scsrc.com the state branch of the AARC, gives history and mission. This revision becomes effective 11/01/2012.

Revision #4, 06/07/2012
This revision is to correct revision #3. CPT codes that were added were 94726, 94727, 94728 and 94729 **NOT** 97426, 97427, 97428 and 97429. Also CPT code 94720 is a deleted code. This revision was corrected on 01/20/2012.

Revision #3, 01/01/2012
Addition of 97426, 97427, 97428, and 97429 to the CPT/HCPCS code section. Deletion of 94240, 94260, 94350, 94360, 94370, 94725 previously listed in the CPT/HCPCS code section. Additions and deletions due to CPT/HCPCS annual update and code description changes – CR 7540. This revision becomes effective 01/01/2012.

Revision #2, 10/01/2011
Under **CMS National Coverage Policy** the following citation was updated to add §20.2 to the citation, CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 12. Under **ICD-9 Codes That Support Medical Necessity** ICD-9 codes 488.11, 488.12 and 488.19 have been revised. The following ICD-9 have been added: 358.30, 358.31, 358.39, 415.13, 488.81, 488.82, 488.89, 508.2, 512.2, 516.4, 516.5, 573.5, 997.32, 998.00, 998.01, 998.02, 998.09, 999.32, 999.33, 999.34, 999.41, 999.42, 999.49, 999.51, 999.52, 999.59, V12.55 and V13.81. 512.8 expanded to 5th digit 512.81, 512.82, 518.83, 512.84 and 512.89, The following codes expanded to a 5th digit, 516.3 expanded to 516.30, 516.31, 516.32, 513.33, 516.34, 516.35, 516.36 and 516.37, 516.6 expanded to 516.61, 516.62, 516.63, 516.64 and 516.69, 518.5 expanded to 518.51, 518.52 and 518.53, 793.1 expanded to 793.11 and 793.19. This revision becomes effective on 10/01/2011.

Revision #1, 05/16/2011
Per scheduled J11 implementation, contractor numbers 11301 (Virginia) and 11401 (West Virginia) were added to this LCD. This revision becomes effective on 05/16/2011.

01/24/2011 - In accordance with Section 911 of the Medicare Modernization Act of 2003, in compliance with the J11 AB MAC Statement of Work (SOW), C.5.1.8.2 – Consolidation of Local Coverage Determinations, this LCD has been selected for implementation within the Palmetto GBA J11 AB MAC territory. Effective date of this implementation is January 24, 2011.

Associated Documents

Attachments
N/A

Related Local Coverage Documents
Article(s)
A52175 - Response to Comments Respiratory Therapy (Respiratory Care) opens in new window

Related National Coverage Documents
N/A

Public Version(s)
Updated on 04/12/2013 with effective dates 06/03/2013 - N/A
Updated on 12/13/2012 with effective dates 01/01/2013 - 06/02/2013
Updated on 11/25/2012 with effective dates 11/01/2012 - 12/31/2012
Updated on 10/26/2012 with effective dates 11/01/2012 - N/A

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

Keywords
• Respiratory Therapy
• Respiratory Care

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