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

Contractor Information

Contractor Name Palmetto GBA opens in new window	Contract Number 11501	Contract Type MAC - Part A
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LCD Information

Document Information

LCD ID L31593	Jurisdiction North Carolina
LCD Title Respiratory Therapy (Respiratory Care)	Original Effective Date For services performed on or after 01/24/2011
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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

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, 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 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 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 (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.

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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.

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 Spirmtry 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 cnp
94664 Evaluate pt use of inhaler
94667 Chest wall manipulation
94668 Chest wall manipulation
94669 Mechanical chest wall oscill
94726 Pulm funct tst plethysmograp
94727 Pulm function test by gas
94728 Pulm funct test oscillometry
94729 Co/membrane diffuse capacity
94750 Pulmonary compliance study
94772 Breath recording infant

G0237 Therapeutic proced strg endur
G0238 Oth resp proc, indiv
G0239 Oth resp proc, group

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
055.1	POSTMEASLES PNEUMONIA
073.0	ORNITHOSIS WITH PNEUMONIA
081.2	SCRUB TYPHUS
083.0	Q FEVER
095.1	SYPHILIS OF LUNG
112.4	CANDIDIASIS OF LUNG
114.0	PRIMARY COCCIDIOIDOMYCOSIS (PULMONARY)

114.4 - 114.5 opens in new window	CHRONIC PULMONARY COCCIDIOIDOMYCOSIS - PULMONARY COCCIDIOIDOMYCOSIS UNSPECIFIED
115.05	HISTOPLASMA CAPSULATUM PNEUMONIA
115.15	HISTOPLASMA DUBOISII PNEUMONIA
115.95	HISTOPLASMOSIS PNEUMONIA UNSPECIFIED
117.3	ASPERGILLOSIS
117.5	CRYPTOCOCCOSIS
130.4	PNEUMONITIS DUE TO TOXOPLASMOSIS
135	SARCOIDOSIS
136.3	PNEUMOCYSTOSIS
162.0 - 162.8 opens in new window	MALIGNANT NEOPLASM OF TRACHEA - MALIGNANT NEOPLASM OF OTHER PARTS OF BRONCHUS OR LUNG
163.0 - 163.9 opens in new window	MALIGNANT NEOPLASM OF PARIETAL PLEURA - MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED
165.8	MALIGNANT NEOPLASM OF OTHER SITES WITHIN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
176.4	KAPOSI'S SARCOMA LUNG
195.8	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
197.0 - 197.3 opens in new window	SECONDARY MALIGNANT NEOPLASM OF LUNG - SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
212.0 - 212.5 opens in new window	BENIGN NEOPLASM OF NASAL CAVITIES MIDDLE EAR AND ACCESSORY SINUSES - BENIGN NEOPLASM OF MEDIASTINUM
231.0 - 231.8 opens in new window	CARCINOMA IN SITU OF LARYNX - CARCINOMA IN SITU OF OTHER SPECIFIED PARTS OF RESPIRATORY SYSTEM
235.7 - 235.8 opens in new window	NEOPLASM OF UNCERTAIN BEHAVIOR OF TRACHEA BRONCHUS AND LUNG - NEOPLASM OF UNCERTAIN BEHAVIOR OF PLEURA THYMUS AND MEDIASTINUM
273.4	ALPHA-1-ANTITRYPSIN DEFICIENCY
276.2	ACIDOSIS
276.3	ALKALOSIS
277.00 - 277.01 opens in new window	CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS - CYSTIC FIBROSIS WITH MECONIUM ILEUS
277.02	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
277.03	CYSTIC FIBROSIS WITH GASTROINTESTINAL MANIFESTATIONS
277.09	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
277.30 - 277.39 opens in new window	AMYLOIDOSIS, UNSPECIFIED - OTHER AMYLOIDOSIS
277.6	OTHER DEFICIENCIES OF CIRCULATING ENZYMES
277.88	TUMOR LYSIS SYNDROME
278.03	OBESITY HYPOVENTILATION SYNDROME
335.20	AMYOTROPHIC LATERAL SCLEROSIS
358.30	LAMBERT-EATON SYNDROME, UNSPECIFIED
358.31	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
358.39	LAMBERT-EATON SYNDROME IN OTHER DISEASES CLASSIFIED ELSEWHERE
359.71	INCLUSION BODY MYOSITIS
359.79	OTHER INFLAMMATORY AND IMMUNE MYOPATHIES, NEC
415.0	ACUTE COR PULMONALE
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	CONGESTIVE HEART FAILURE UNSPECIFIED - HEART FAILURE UNSPECIFIED
464.10 - 464.4 opens in new window	ACUTE TRACHEITIS WITHOUT OBSTRUCTION - CROUP
465.0	ACUTE LARYNGOPHARYNGITIS
466.0 - 466.19 opens in new window	ACUTE BRONCHITIS - ACUTE BRONCIOLITIS DUE TO OTHER INFECTIOUS ORGANISMS
476.1	CHRONIC LARYNGOTRACHEITIS
478.30 - 478.34 opens in new window	UNSPECIFIED PARALYSIS OF VOCAL CORDS - COMPLETE BILATERAL PARALYSIS OF VOCAL CORDS
478.6	EDEMA OF LARYNX
478.70 - 478.75 opens in new window	UNSPECIFIED DISEASE OF LARYNX - LARYNGEAL SPASM
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	PNEUMONIA DUE TO STREPTOCOCCUS UNSPECIFIED - PNEUMONIA DUE TO OTHER STREPTOCOCCUS
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	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE - PNEUMONIA DUE TO CHLAMYDIA
484.1 - 484.8 opens in new window	PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE - PNEUMONIA IN OTHER INFECTIOUS DISEASES CLASSIFIED ELSEWHERE
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
488.81	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH PNEUMONIA
488.82	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH OTHER RESPIRATORY MANIFESTATIONS
488.89	INFLUENZA DUE TO IDENTIFIED NOVEL INFLUENZA A VIRUS WITH OTHER MANIFESTATIONS
490	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC SIMPLE CHRONIC BRONCHITIS - OTHER CHRONIC BRONCHITIS

491.0 - 491.8 opens in new window	EMPHYSEMATOUS BLEB - OTHER EMPHYSEMA
492.0 - 492.8 opens in new window	
493.00 - 493.92 opens in new window	EXTRINSIC ASTHMA UNSPECIFIED - ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
494.0 - 494.1 opens in new window	BRONCHIECTASIS WITHOUT ACUTE EXACERBATION - BRONCHIECTASIS WITH ACUTE EXACERBATION
496	CHRONIC AIRWAY OBSTRUCTION NOT ELSEWHERE CLASSIFIED
500	COAL WORKERS' PNEUMOCONIOSIS
501	ASBESTOSIS
502	PNEUMOCONIOSIS DUE TO OTHER SILICA OR SILICATES
503	PNEUMOCONIOSIS DUE TO OTHER INORGANIC DUST
504	PNEUMONOPATHY DUE TO INHALATION OF OTHER DUST
505	PNEUMOCONIOSIS UNSPECIFIED
506.0 - 506.4 opens in new window	BRONCHITIS AND PNEUMONITIS DUE TO FUMES AND VAPORS - CHRONIC RESPIRATORY CONDITIONS DUE TO FUMES AND VAPORS
507.0 - 507.8 opens in new window	PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS - PNEUMONITIS DUE TO OTHER SOLIDS AND LIQUIDS
508.0	ACUTE PULMONARY MANIFESTATIONS DUE TO RADIATION
508.1	CHRONIC AND OTHER PULMONARY MANIFESTATIONS DUE TO RADIATION
508.2	RESPIRATORY CONDITIONS DUE TO SMOKE INHALATION
508.8	RESPIRATORY CONDITIONS DUE TO OTHER SPECIFIED EXTERNAL AGENTS
508.9	RESPIRATORY CONDITIONS DUE TO UNSPECIFIED EXTERNAL AGENT
510.0 - 510.9 opens in new window	EMPHYEMA WITH FISTULA - EMPHYEMA WITHOUT FISTULA
511.0	PLEURISY WITHOUT EFFUSION OR CURRENT TUBERCULOSIS
511.1	PLEURISY WITH EFFUSION WITH A BACTERIAL CAUSE OTHER THAN TUBERCULOSIS
511.81	MALIGNANT PLEURAL EFFUSION
511.89	OTHER SPECIFIED FORMS OF EFFUSION, EXCEPT TUBERCULOUS
512.0	SPONTANEOUS TENSION PNEUMOTHORAX
512.1	IATROGENIC PNEUMOTHORAX
512.2	POSTOPERATIVE AIR LEAK
512.81	PRIMARY SPONTANEOUS PNEUMOTHORAX
512.82	SECONDARY SPONTANEOUS PNEUMOTHORAX
512.83	CHRONIC PNEUMOTHORAX
512.84	OTHER AIR LEAK
512.89	OTHER PNEUMOTHORAX
513.0 - 513.1 opens in new window	ABSCESS OF LUNG - ABSCESS OF MEDIASTINUM
514	PULMONARY CONGESTION AND HYPOSTASIS
515	POSTINFLAMMATORY PULMONARY FIBROSIS
516.0	PULMONARY ALVEOLAR PROTEINOSIS
516.1	IDIOPATHIC PULMONARY HEMOSIDEROSIS
516.2	PULMONARY ALVEOLAR MICROLITHIASIS
516.30	IDIOPATHIC INTERSTITIAL PNEUMONIA, NOT OTHERWISE SPECIFIED
516.31	IDIOPATHIC PULMONARY FIBROSIS
516.32	IDIOPATHIC NON-SPECIFIC INTERSTITIAL PNEUMONITIS
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
786.1	STRIDOR
786.2	COUGH
786.30	HEMOPTYSIS, UNSPECIFIED
786.31	ACUTE IDIOPATHIC PULMONARY HEMORRHAGE IN INFANTS [AIPHI]
786.39	OTHER HEMOPTYSIS
786.52	PAINFUL RESPIRATION
786.6	SWELLING MASS OR LUMP IN CHEST
786.7	ABNORMAL CHEST SOUNDS
790.91	ABNORMAL ARTERIAL BLOOD GASES
793.11	SOLITARY PULMONARY NODULE
793.19	OTHER NONSPECIFIC ABNORMAL FINDING OF LUNG FIELD

794.2	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF PULMONARY SYSTEM
799.01	ASPHYXIA
799.02	HYPOXEMIA
799.1	RESPIRATORY ARREST
799.82	APPARENT LIFE THREATENING EVENT IN INFANT
860.0 - 862.9 opens in new window	TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX - INJURY TO MULTIPLE AND UNSPECIFIED INTRATHORACIC ORGANS WITH OPEN WOUND INTO CAVITY
987.0 - 987.9 opens in new window	TOXIC EFFECT OF LIQUEFIED PETROLEUM GASES - TOXIC EFFECT OF UNSPECIFIED GAS FUME OR VAPOR
997.32	POSTPROCEDURAL ASPIRATION PNEUMONIA
V42.6	LUNG REPLACED BY TRANSPLANT
V44.0	TRACHEOSTOMY STATUS
V46.11	DEPENDENCE ON RESPIRATOR, STATUS
V46.13	ENCOUNTER FOR WEANING FROM RESPIRATOR [VENTILATOR]
V46.14	MECHANICAL COMPLICATION OF RESPIRATOR [VENTILATOR]
V55.0	ATTENTION TO TRACHEOSTOMY
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS
V58.83	ENCOUNTER FOR THERAPEUTIC DRUG MONITORING
V67.51	FOLLOW-UP EXAMINATION FOLLOWING COMPLETED TREATMENT WITH HIGH-RISK MEDICATION NOT ELSEWHERE CLASSIFIED

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).

Filart RA, Bach JR. Pulmonary physical medicine interventions for elderly patients with muscular dysfunction. *Clinics in Geriatric Medicine*. 2003; 19(1):189-204.

International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization, 2001.

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.

Taiwo OA, Cain HC. Pulmonary impairment and disability. *Clinics in Chest Medicine*. December 2002; 23(4):84-85. Describes the role of both PFTs and CPET in the evaluation of 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".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/16/2014	R3	Added CPT code 94669, which is a new CPT code as of 01/01/2014.	<ul style="list-style-type: none"> • Provider Education/Guidance • Public Education/Guidance • Revisions Due To CPT/HCPCS Code Changes • Provider Education/Guidance • Automated Edits to Enforce Reasonable & Necessary Requirements • Revisions Due To ICD-9-CM Code Changes
06/03/2013	R2	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.	

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		<p>Revision #6, 01/01/2013 Under <i>CMS National Coverage Policy</i> CPT code 94729 had a description change. This revision becomes effective on 01/01/2013</p>	
		<p>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.</p>	
01/01/2013 R1		<p>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.</p>	<ul style="list-style-type: none"> • HCPCS/ICD9 Descriptor Change
		<p>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.</p>	
		<p>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.</p>	
		<p>Revision #1, 05/16/2011</p>	

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
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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.

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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 01/10/2014 with effective dates 01/16/2014 - N/A

[Updated on 04/12/2013 with effective dates 06/03/2013 - 01/15/2014](#)

[Updated on 12/13/2012 with effective dates 01/01/2013 - 06/02/2013](#)

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Keywords

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- Respiratory Care

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