FIRST COAST SERVICE OPTIONS
MAC - PART A/B
LOCAL COVERAGE DETERMINATION

LCD Database ID Number
L33745

Contractor Name
First Coast Service Options, Inc.

Contractor Number
09101 - Florida
09201 – Puerto Rico/Virgin Islands
09102 - Florida
09202 – Puerto Rico
09302 – Virgin Islands

Contractor Type
MAC – Part A and B

LCD Title
Respiratory Therapeutic Services

AMA CPT Copyright Statement
CPT only copyright 2002-2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright (c) American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

CMS National Coverage Policy
Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the 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:

Section 1862(a)(1)(A) of Title XVIII of the Social Security Act.
Section 1833(e) of Title XVIII of the Social Security Act
42 CFR 485.70, Personnel Qualifications
CMS Transmittal No. AB-00-39, May 1, 2000, consolidates CMS Program Memoranda for outpatient rehabilitation therapy services.
Respiratory Therapeutic Services AB

CMS Manual System Pub. 100-03, Medicare National Coverage Determination Manual, Sections 170.1 and 240.7
Change Request 5898, dated 02/22/2008

Primary Geographic Jurisdiction

Florida
Puerto Rico/Virgin Islands

Oversight Region

Region I

Original Determination Effective Date

10/01/2015

Original Determination Ending Date

N/A

Revision Effective Date

10/01/2016

Revision Ending Date

09/30/2016

Indications and Limitations of Coverage and/or Medical Necessity

Respiratory therapeutic services will be considered medically necessary when all of the following criteria are met:

1. There must be a specific written order by a licensed physician, who has training and/or experience in the treatment of patients with pulmonary disease (i.e., the physician who is treating the patient for the pulmonary disease). The physician orders, supervises, guides, and directs each patient’s plan of care. All treatment orders for respiratory therapies must include the following:
   - Be specific as to the type, frequency, and duration of the procedure, modality, or activity and individualized for the patient
   - Verbal and telephone orders must be co-signed and dated by the physician prior to billing the claim
   - A blanket respiratory therapy or pulmonary rehabilitation order is not acceptable;

2. The diagnosis must indicate a specific illness/injury or chronic pulmonary disease (See "ICD-10 Codes That Support Medical Necessity") and the patient is not actively involved in aggravating the existing disease state (i.e., patient may not be smoking or will participate in smoking cessation activities);

3. The service(s) provided must be consistent with the severity of the patient’s documented illness and be reasonable in terms of modality, amount, frequency, and duration of treatment;

4. Expectation of measurable improvement in a reasonable and predictable timeframe must be indicated;
5. The patient must be physically able, motivated and willing to participate in the respiratory therapy; as well as, be a candidate for self-care; and

6. Pulmonary Function Tests (PFT’s) within twelve months of initiating respiratory services with the most recent values demonstrating DLCO, FVC or FEV1 <60% of predicted or consistently symptomatic COPD with FEV1 < 2 liters.

The services must be reasonable and individualized for each patient’s condition. For respiratory therapeutic services, it is expected that no more than six (6) modalities per day would be performed per patient. Respiratory therapy procedures are usually provided 2-3 days per week for a period of 3-4 weeks, for no more than a total of ten (10) sessions. Medical record documentation must support the need for the additional respiratory therapy sessions.

The goal of these services is not to achieve a maximum exercise tolerance, but to ultimately transfer the responsibility of treatment from the clinic, hospital, or doctor to self-care in the home by the patient by:

- Controlling, reducing, and alleviating the symptoms and complications of chronic pulmonary diseases
- Training the patient in how to reach and maintain the highest possible level of function in activities of daily living (ADL)
- Training the patient to self manage his/her daily living consistent with the pulmonary disease process

Unless the patient will be able to conduct ongoing self-care at home, there will only be a temporary benefit. The endpoint of treatment, therefore, is not when the patient achieves maximal exercise tolerance or stabilizes, but when the patient or his or her caregiver is able to continue the treatment modalities at home. Treatment is individualized and supervised by the patient’s attending physician (referring physician or facility medical director). Services of a maintenance exercise program where a skilled therapist's services are not medically necessary are not covered.

Respiratory Therapeutic Codes:

**G0237** Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)

HCPCS code G0237 should be used for therapy services to strengthen respiratory muscles. Examples are pursed-lip breathing, diaphragmatic breathing, and paced breathing (strengthening the diaphragm by breathing through tubes of progressively increasing resistance to flow). The service includes associated monitoring such as pulse oximetry, EKG, etc.

**G0238** Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)

HCPCS code G0238 should be used for therapy services that involve a variety of activities including teaching the patient strategies for performing tasks with less respiratory effort and the performance of graded activity programs to increase endurance and strength of upper and lower extremities. G0238 does not include demonstration of the use of a nebulizer and/or inhaler, or chest percussions, since these services are represented by other CPT codes (see 94664 and 94667).

**G0239** Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

HCPCS code G0239 represents situations in which two or more patients are receiving services simultaneously (such as those described above by G0237 and G0238) during the same time period. The practitioners must be in constant attendance, but need not be providing one-on-one contact. For example, a therapist provides medically necessary therapeutic procedures to two patients in the same gym, for a 30-minute period. Both are performing different graded activities (described by G0238) to increase endurance of their upper and lower extremities while the therapist divides his/her time, in intermittent, brief episodes, between both patients. In this scenario the therapist would bill each patient for group therapy (G0239) because the treatment was provided simultaneously to two patients, and not one-on-one, as required by G0238.

*Monitoring* provides physiologic or other data (pulse oximetry readings, electrocardiography data, measurements of strength or endurance, etc.) about the patient during the period before, during, and after the activities. An example would be pursed-lip breathing,
Respiratory Therapeutic Services AB

which involves nasal inspiration followed by slow exhalations through partially closed pursed-lips to create positive pressure in upper respiratory tract, and improve respiratory muscles action. If after this training, the practitioner were to check the patient’s oxygen saturation level (by pulse oximetry), peak respiratory flow, or other respiratory parameters, then this would be considered “monitoring,” and would be included in the therapeutic procedure codes (G0237, G0238, G0239).

Type of Bill Code

Hospital – 12x, 13x, 14x
Skilled Nursing Facility – 21x, 22x, 23x
Comprehensive Outpatient Rehabilitation Facility – 75x
Critical Access Hospital – 85x

Revenue Codes

0410 – Respiratory Services, general classification
0412 – Inhalation Services
0419 – Other Respiratory Services

CPT/HCPCS Codes

G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)

G0238 Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)

G0239* Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)

* G0239 is to be billed only once per day.

ICD-10 Codes that Support Medical Necessity

D86.0-D86.9 Sarcoidosis
E84.0 Cystic fibrosis with pulmonary manifestations
E84.9 Cystic fibrosis, unspecified
J22 Unspecified acute lower respiratory infection
J39.8 Other specified diseases of upper respiratory tract
J41.0-J47.9 Chronic lower respiratory diseases
J60-J66.8 Lung diseases due to external agents
J68.4 Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J70.1 Chronic and other pulmonary manifestations due to radiation
J84.01 Alveolar proteinosis
J84.02 Pulmonary alveolar microlithiasis
J84.09-J84.17 Other interstitial pulmonary diseases
J84.89 Other specified interstitial pulmonary diseases
J95.00-J95.09 Tracheostomy complications
J98.01-J98.09 Diseases of bronchus, not elsewhere classified
J98.4 Other disorders of lung
J98.51-J98.9 Mediastinitis – Respiratory disorder, unspecified
Z48.24-Z48.280 Encounter for aftercare following organ transplant
Z94.2-Z94.3 Transplanted organ and tissue status
Diagnoses that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Diagnoses that DO NOT Support Medical Necessity

N/A

Associated Information

Documentation Requirements

The patient’s medical record must contain documentation that fully supports the medical necessity for respiratory therapeutic services (see “Indications and Limitations of Coverage and/or Medical Necessity”). This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

The 30-day certification and re-certification of the plan of care requirement applies to the services of physical therapists, occupational therapists, and speech language pathologists as described in section 1861(p) of the Social Security Act. Since it is expected that codes G0237, G0238, and G0239 will typically be provided by respiratory therapists, the 30-day certification and re-certification of the plan of care requirement does not generally apply. If the services are performed by either a physical or occupational therapist (or by a therapy assistant under his or her direction), the requirement for the 30-day certification and re-certification applies.

The 30-day certification and re-certification of the plan of care requirement for outpatient rehabilitation (CORF requirement is 60 days) applies to the services of physical therapists, occupational therapists, and speech language pathologists as described in section 1861(p) of the Social Security Act. Since it is expected that codes G0237, G0238, and G0239 will typically be provided by respiratory therapists, the 30-day certification and re-certification of the plan of care requirement does not generally apply. If the services are performed by either a physical or occupational therapist (or by a therapy assistant under his or her direction), the requirement for the 30-day certification and re-certification applies.

All services provided in a CORF setting, by PT, OT, or ST, including G0237, G0238, and G0239, require a 60-day certification and recertification of the Plan of Care. (Per CORF guidelines).

Utilization Guidelines

It is expected that no more than six (6) modalities of respiratory therapeutic services would be performed per patient, per day. Therapeutic procedures are usually provided 2-3 days per week for a period of 3-4 weeks, for no more than a total of ten (10) sessions. The medical record must document the medical necessity for additional respiratory therapy sessions (i.e., new condition, change in clinical status).

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L29011, L29268, L29385


Federal Register, December 31, 2002, (Volume 67, Number 251), pgs. 79965-80184. This reference was used to clarify coverage for pulmonary rehabilitation and respiratory therapy services.

**Start Date of Comment Period**

N/A

**End Date of Comment Period**

N/A

**Start Date of Notice Period**

04/01/2014

**Revision History**

**Revision History Number: R1**

**Revision Number: 1**
Publication: October 2016 Connection
LCR A/B2016-097

Explanation of Revision: Based on CR 9677 (Annual 2017 ICD-10-CM Update) the LCD was revised. Deleted diagnosis code J98.5 and changed diagnosis range J98.5 – J98.9 to read J98.51-J98.9. The effective date of this revision is based on date of service.

**Revision Number: Original**

This LCD replaces all previous LCD versions (refer to “Sources of Information and Basis for Decision” section of the LCD) and publications on this subject to comply with ICD-10-CM based on Change Request 8112. The effective date of this LCD is based on date of service.

**Related Documents**

N/A

**LCD Attachments**

Coding Guidelines

Document formatted: 10/031/2016 (NM/et)