

Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services

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Related Policies
None

Coverage Guidelines

Pulmonary rehabilitation services are covered when Medicare coverage criteria are met.

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME (including stationary compressed gas oxygen system; cough stimulating device; high frequency chest wall oscillation system; oscillatory positive expiratory device and nebulizer). For DME Face to Face Requirement information, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#).

COVID-19 Public Health Emergency Waivers and Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has updated some guidance for certain respiratory services.

For a comprehensive list of Coronavirus Waivers and Flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed May 4, 2021)

Pulmonary Rehabilitation

For services furnished on or before December 31, 2009:

- On December 27, 2006, CMS initiated the National Coverage Determination (NCD) process for pulmonary rehabilitation. After examining the available medical evidence, CMS has determined that no national coverage determination is appropriate at this time, and that decisions pursuant to § 1862(a)(1)(A) should be made by local contractors through the local coverage determination process or by case-by-case adjudication. Accordingly, the local contractors may continue to make decisions under § 1862(a)(1)(A), with regard to services related to pulmonary rehabilitation, through the local coverage determination process or on a case-by-case basis. Refer to the [NCD for Pulmonary Rehabilitation Services \(240.8\)](#). (Accessed March 2, 2021)

For services furnished on or after January 1, 2010:

- Medicare covers pulmonary rehabilitation items and services for patients with moderate to very severe COPD (defined as GOLD classification II, III and IV), when referred by the physician treating the chronic respiratory disease.
- Pulmonary rehabilitation programs must include the following components:
 - Physician-prescribed exercise. Some aerobic exercise must be included in each pulmonary rehabilitation session;
 - Education or training closely and clearly related to the individual's care and treatment which is tailored to the individual's needs, including information on respiratory problem management and, if appropriate, brief smoking cessation counseling;
 - Psychosocial assessment;
 - Outcomes assessment; and
 - An individualized treatment plan detailing how components are utilized for each patient.
- Pulmonary rehabilitation items and services must be furnished in a physician's office or a hospital outpatient setting. All settings must have a physician immediately available and accessible for medical consultations and emergencies at all time items and services are being furnished under the program. This provision is satisfied if the physician meets the requirements for direct supervision of physician office services as specified at [42 CFR 410.26](#) and for hospital outpatient therapeutic services as specified at [42 CFR 410.27](#).

Refer to the [Medicare Claims Processing Manual, Chapter 32, §140.4 – Pulmonary Rehabilitation Program Services Furnished On or After January 1, 2010](#). (Accessed March 2, 2021)

Refer to the:

- For respiratory therapy services provided to CORF patients refer to the [Medicare Benefit Policy Manual, Chapter 12, §40.5 – Respiratory Therapy Services](#). (Accessed March 2, 2021)
- Coverage Summary titled [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, Including Cognitive Rehabilitation\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>. (Accessed August 16, 2021)

Postural Drainage and Pulmonary Exercises

Postural drainage and pulmonary exercises are covered inpatient, outpatient and in the patient's home. For specific coverage criteria, refer to the [NCD for Postural Drainage and Pulmonary Exercises \(240.7\)](#). (Accessed March 2, 2021)

High Frequency Chest Wall Oscillation (HFCWO) Devices

Medicare does not have a National Coverage Determination (NCD) for high frequency chest wall oscillation devices. DME MAC Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable.

For coverage guidelines, refer to the DME MAC [LCD for High Frequency Chest Wall Oscillation Devices \(L33785\)](#). (Accessed August 16, 2021)

Nebulized Beta Adrenergic Agonist Therapy

On September 10, 2007, CMS posted a National Coverage Determination (NCD) for nebulized beta adrenergic agonist therapy for lung diseases. After examining the available medical evidence, CMS determined that no NCD is appropriate at this time and that section 1862(a)(1)(A) reasonable and necessary decisions should continue to be made by local Medicare contractors through the local coverage determination process or case-by-case adjudication. Refer to the [NCD for Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases \(200.2\)](#). (Accessed March 2, 2021)

Heat Treatment, Including the Use of Diathermy and Ultrasound for Pulmonary Conditions

Heat treatment, including the use of diathermy and ultrasound for pulmonary conditions are not covered. There is no physiological rationale or valid scientific documentation of effectiveness of diathermy or ultrasound heat treatments for asthma, bronchitis, or any other pulmonary condition and for such purpose this treatment cannot be considered reasonable and necessary.

Refer to the [NCD for Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions \(240.3\)](#). (Accessed March 2, 2021)

Bronchial Thermoplasty (CPT codes 31660 and 31661)

Medicare does not have a National Coverage Determination (NCD) for bronchial thermoplasty. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Bronchial Thermoplasty](#) with individual consideration for FDA approved indications. Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed May 2, 2021)

Lung Volume Reduction Surgery (LVRS)

Lung volume reduction surgery (LVRS) is covered when coverage criteria are met.

For coverage guidelines, refer to the [NCD for Lung Volume Reduction Surgery \(240.1\)](#).

LVRS must be performed in Medicare approved facility. The list of Medicare approved LVRS Facilities can be accessed at <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Lung-Volume-Reduction-Surgery-LVRS.html>.

(Accessed May 4, 2021)

Definitions

Pulmonary Rehabilitation (PR): The American Thoracic Society (ATS) defines pulmonary rehabilitation (PR) as a multidisciplinary program of care for patients with chronic respiratory impairment that is individually tailored and designed to optimize physical and social performance and autonomy and an evidence-based, multidisciplinary, and comprehensive intervention for patients with chronic respiratory diseases who are symptomatic and often have decreased daily life activities. Integrated into the individualized treatment of the patient, pulmonary rehabilitation is designed to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systematic manifestations of the disease. Refer to the [NCD for Pulmonary Rehabilitation Services \(240.8\)](#). (Accessed March 2, 2021)

Respiratory Therapy (Respiratory Care): The services prescribed by a physician or a non-physician practitioner for the assessment, diagnostic evaluation, treatment, management, and monitoring of members with deficiencies and abnormalities of cardiopulmonary function.

Noridian [LCD for Respiratory Care \(Respiratory Therapy\) \(L34149\)](#). (Accessed May 4, 2021)

Policy History/Revision Information

Date	Summary of Changes
08/17/2021	Coverage Guidelines <i>Bronchial Thermoplasty</i> <ul style="list-style-type: none">Added CPT codes 31660 and 31661 Supporting Information <ul style="list-style-type: none">Archived previous policy version MCS081.02

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information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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