# Coverage Summary

## Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services

<table>
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<tr>
<th>Policy Number: R-001</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 02/14/2008</th>
</tr>
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<tr>
<td>Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 06/18/2019</td>
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**Related Medicare Advantage Policy Guideline:** Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (NCD 240.3)

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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 is 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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### I. COVERAGE

**Coverage Statement:** 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
Guidelines/Notes:

1. **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. See the [NCD for Pulmonary Rehabilitation Services (240.8)](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx) (Accessed March 4, 2019)

   **For services furnished on or after January 1, 2010:**
   
   a. 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.
   
   b. 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.
   
   c. 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](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx) and for hospital outpatient therapeutic services as specified at [42 CFR 410.27](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx).


   **Notes:**
   
   - For respiratory therapy services provided to CORP patients, refer to the [Medicare Benefit Policy Manual, Chapter 12, §40.5 - Respiratory Therapy Services](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx) (Accessed March 4, 2019)
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at [http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx](http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx) (Accessed March 4, 2019)
   - Also see the [Coverage Summary for Rehabilitation: Medical Rehabilitation (OT, PT and ST, Including Cognitive Rehabilitation)](https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx)

2. **Postural Drainage and Pulmonary Exercises**
Postural drainage and pulmonary exercises are covered inpatient, outpatient and in the patient’s home. For specific coverage criteria, see the NCD for Postural Drainage and Pulmonary Exercises (240.7). (Accessed March 4, 2019)

3. **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 50 states and compliance with these policies is required where applicable.
   - For coverage guideline, refer to the DME MAC LCD for High Frequency Chest Wall Oscillation Devices (L33785).
   - Committee approval date: April 16, 2019
   - Accessed January 2, 2020

4. **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. See the NCD for Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases (200.2). (Accessed March 4, 2019)

5. **Exhaled Breath Condensate (EBC) pH (CPT code 83987)**
   - Medicare does not have a National Coverage Determination (NCD) for Exhaled Breath Condensate (EBC) pH.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
   - For states with no LCDs/LCAs, refer to the Noridian LCD for Non-Covered Services (L35008) for coverage guideline.
     (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: April 16, 2019
   - Accessed January 2, 2020

6. **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. See the NCD for Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions (240.3). (Accessed March 4, 2019)

7. **Bronchial Thermoplasty**
   - 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 guideline, refer to the UnitedHealthcare Commercial Medical Policy for Bronchial Thermoplasty with individual consideration for FDA approved indications. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)

Committee approval date: April 16, 2019
Accessed November 6, 2019

II. 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.

Integrated into the individualized treatment of the patient, PR is designed to reduce symptoms, optimize functional status, increase participation, and reduce health care costs through stabilizing or reversing systematic manifestations of the disease. NCD for Pulmonary Rehabilitation Services (240.8). (Accessed March 4, 2019)

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. LCD for Respiratory Care (Respiratory Therapy) (L34149). Accessed January 2, 2020

III. REFERENCES

See above
IV. REVISION HISTORY

06/18/2019  Cryoablation of Pulmonary Tumors (CPT code 32994)
- Removed coverage guidelines (no longer requires clinical review)

Attachments
- Updated Local Coverage Determination (LCD) Availability Grids to reflect the most current reference links

V. ATTACHMENT

Attachment A - LCD/LCA Availability Grid

**Exhaled Breath Condensate (EBC) pH**
(CPT Code 83987)

CMS website accessed January 2, 2020

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End of Attachment A