



Cohere Medical Policy – Home Respiratory Care

Clinical Guidelines for Medical Necessity Review

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Guideline Information:

Specialty Area: Home Health

Guideline Name: Cohere Medical Policy - Home Respiratory Care

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Type: ☒ Adult (18+ yo) | ☒ Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Home Respiratory Care

Recommended Clinical Approach

Home health care is a form of caregiving for a patient who is medically complex enough to require substantial nursing or medical support services in the home. In general, the individual must be unable to obtain care from a facility outside of the home due to an unacceptable level of medical risk, considerable relative effort (e.g., the individual is considered “homebound”), or the fact that the service is more appropriately delivered in a home setting. Home respiratory care includes respiratory therapy, such as the administration of bronchodilators, oxygen therapy, or other therapeutic interventions. It may also encompass home mechanical ventilation, provided that the patient is unstable on a ventilator, requires frequent adjustments, or has been recently discharged from an inpatient stay. Home respiratory care is beneficial because it allows patients to reside in a familiar environment and avoid costly hospitalization or institutional care while also receiving effective, adequate medical treatment.¹⁻⁵

Medical Necessity Criteria

Indications

→ **Home respiratory care** is considered appropriate if **ALL** of the following are **TRUE**^{1-3,6,7,23,24}:

◆ **ANY** of the following:

- In order to leave the home, the patient requires the help of another person or medical equipment such as crutches, a walker, or a wheelchair; **OR**
- Receiving medical services outside the home would expose the patient to substantial medical risk; **AND**

◆ It is difficult for the patient to leave the home and they typically cannot do so (e.g., the patient is considered homebound)*; **AND**

◆ After the patient begins receiving home healthcare, a physician evaluates and recertifies the plan of care (POC) every 60 days, including **ALL** of the following²²:

- Short- and long-term goals with documentation on how goals will be obtained; **AND**
- An estimated time of when goals will be attained; **AND**
- Measurable objectives; **AND**
- The number of visits requested is appropriate for the diagnosis; **AND**
- ◆ Home respiratory care is ordered and directed by an attending physician or a health care provider practicing within the scope of their license as part of a written plan of care; **AND**
- ◆ The service is inherently complex such that it can only be safely and effectively performed by a qualified technical or professional health personnel such as a registered nurse, a licensed practical (vocational) nurse, a respiratory therapist, or other skilled staff.

*NOTE: Even if a patient is homebound, they can still leave the home for medical treatment, religious services, or to attend an adult day care center without putting their homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect homebound status. The patient may also take occasional trips to the barber or beauty parlor.

Non-Indications

→ **Home respiratory care** is not considered appropriate if **ANY** of the following is **TRUE**^{1-3,6,7}:

- ◆ The treatment plan does not demonstrate a continued need for skilled respiratory care; **OR**
- ◆ Services are custodial in nature (i.e., nonmedical services to assist with daily living and independence); **OR**
- ◆ Services are solely requested for the comfort or convenience of the caregiver or family member versus the medical necessity of the patient.

Level of Care Criteria

Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory

	assessment, apnea evaluation)
99504	Home visit for mechanical ventilation care

Medical Evidence

Home respiratory therapy plays an important role in the outpatient management of medically complex infants and children. Respiratory conditions of prematurity, for example, are commonly treated with home therapy. Bronchopulmonary dysplasia (BPD), a chronic lung disease that occurs among infants who have received extended mechanical ventilation, may be treated in the home with supplemental oxygen or other respiratory therapy. In some scenarios, the child may only be safely discharged from the inpatient setting when home respiratory care is established. Children with severe respiratory disease may be at higher risk for community-acquired illness, particularly when they have not reached the appropriate age of vaccination for common communicable diseases. In these cases, outpatient care may confer too high of a medical risk, necessitating in-home care to ensure patient safety.^{2,3}

In 2020, the American Thoracic Society issued guidelines detailing the home use of oxygen therapy for adult patients with chronic lung disease. Strong recommendations were made regarding long-term oxygen therapy, at least 15 hours a day for the duration of the individual's life, among patients with severe chronic obstructive pulmonary disease (COPD) and severe interstitial lung disease (ILD) with severe chronic resting room air hypoxemia. The authors also endorsed the importance of patient and caregiver education regarding safe oxygen use in the home setting, including fire prevention, smoking cessation, and tripping hazards.⁴

The Lancet published international guidelines and eligibility criteria for home oxygen therapy in 2023. The authors note that home oxygen is a valuable treatment for acute and chronic conditions that may improve survival, restore functional capacity, and ameliorate dyspnea among appropriately selected patients. They reviewed 30 published guidelines for continuous oxygen therapy and found eligibility and minimum hypoxemia thresholds to be highly variable. They reviewed the eligibility criteria for home oxygen use of 193 United Nations countries and found only 46 provided criteria for publicly funded continuous home oxygen therapy, 34 had guidance for ambulatory oxygen therapy, and 23 had criteria for nocturnal oxygen therapy.¹

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