Cohere Medicare Advantage Policy - Home Respiratory Care

Clinical Guidelines for Medical Necessity Review

Version: 1
Effective Date: April 10, 2025

Important Notices

Notices & Disclaimers:

GUIDELINES ARE SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION-MAKING OF END USERS.

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Other Notices:

Guideline Information:

Specialty Area: Home Health
Guideline Name: Cohere Medicare Advantage Policy - Home Respiratory Therapy

Date of last literature review: 4/9/2025
Document last updated: 4/9/2025
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Home Respiratory Care

Benefit Category

Not applicable.

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Related CMS Documents

Please refer to the CMS Medicare Coverage Database for the most current applicable CMS National Coverage.

- There are no applicable NCDs and/or LCDs for 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]

Evaluation of Clinical Harms and Benefits

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of home respiratory therapy. This process

helps to prevent both incorrect denials and inappropriate approvals of medically necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Reduced supervision. In the home setting, inappropriately selected patients who are medically unstable and would benefit more from inpatient care may be inadequately monitored, conferring a potential risk for clinical decompensation or incomplete care. This highlights the importance of careful patient selection for those who require some level of skilled home care but are stable enough not to require formalized inpatient treatment.[5]
- Dependence on family member or caregiver. As home health is limited in nature and requires participation from caregivers (often family members) to be successful, the patient must rely on their caregiver to be educated and trained in providing their care. This may result in relationship challenges between patient and caregiver.[1-3,5]
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Reduced risk of nosocomial infection. Receiving care in the home setting inherently removes the risk of nosocomial infections, including line-associated sepsis, hospital-acquired pneumonia, or viral infections.[5]
- Safe, familiar, comfortable environment. Home care allows skilled services to be conducted in an environment that is already familiar to the patient, potentially improving patient participation in care and reducing overall stress levels - particularly among children.[2-5]
- Reduced risk of long-term institutionalization. With the intermittent involvement of skilled professionals in the home setting, primary caregivers may be less likely to institutionalize the patient as they receive tangible support from home health professionals.[5,10]
- Less expensive and burdensome to family and caregivers. As compared to traditional inpatient or outpatient care, home care is generally more affordable and less burdensome to the family, allowing the patient to

receive skilled care without requiring transportation beyond the home. This also reduces barriers to accessing care.[2-5]
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

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 following[22]:
  - 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

Disclaimer: S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

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.[7]

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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Clinical Guideline Revision History/Information

Original Date: April 10, 2025		
Review History		