

**Respiratory Therapists as Telehealth Practitioners  
Specifications for a Proposed Telehealth Pilot**

<b>Category</b>	<b>Description</b>	<b>Discussion</b>
<b>Purpose of the Pilot</b>	To determine the value of respiratory therapists as telehealth practitioners in improving health outcomes, reducing unnecessary emergency visits, hospital admissions and readmissions, and lowering the cost of care through a telehealth disease management program for individuals diagnosed with Chronic Obstructive Pulmonary Disease (COPD).	COPD is a costly and prevalent disease and the 3 <sup>rd</sup> leading cause of death. The hospital readmission rate is one of the highest, with Medicare beneficiaries presenting with 5 or more conditions in addition to COPD that add to the cost of care. Studies show that respiratory therapists can reduce costly acute care interventions by educating COPD patients on the triggers and symptoms of their disease in order to prevent acute exacerbations.
<b>Pilot Time Frame</b>	The pilot would be limited to three years.	If enacted, the Secretary would be responsible for implementing the provisions of the pilot no later than six months after enactment.
<b>Qualified Practitioners</b>	The pilot would expand qualified practitioners to include Respiratory Therapists as Telehealth Practitioners under Medicare's telehealth program.	The practitioners currently covered by Medicare as qualified telehealth practitioners would not be changed.
<b>Respiratory Therapist Qualifications</b>	To furnish telehealth services, the respiratory therapist must 1) be credentialed by a national credentialing Board recognized by the Secretary; 2) be licensed in the state in which the services are being furnished; 3) hold the credential of Registered Respiratory Therapist (RRT); and, 4) have at a minimum a Bachelor's Degree or other advanced degree in a biological or health science.	Respiratory Therapists are health care professionals whose responsibilities include patient assessment, disease management, care coordination, diagnostic evaluation, management, education, rehabilitation and care of patients with deficiencies and abnormalities of the cardiopulmonary system. Respiratory therapists use sophisticated medical equipment and perform complex therapeutic procedures and diagnostic studies.  They must possess an in-depth understanding of human physiology and apply that knowledge in

		<p>the clinical setting. The highest quality professional education and training is required to enhance the ability to improve the patient's quality and longevity of life through their practices.</p> <p>NOTE: Alaska is the only state that does not require licensure. Respiratory therapists would be qualified based on state law or the regulatory mechanism provided by state law.</p>
<b>Medicare Beneficiary Qualifications</b>	The pilot would limit coverage to those Medicare beneficiaries who have a principal diagnosis of COPD.	Criteria would be based on guidelines established by the Gold Initiative for Chronic Obstructive Lung Disease (GOLD).
<b>Covered Services</b>	Telehealth covered services furnished by respiratory therapists would be limited to the following disease management services: 1) self-management education and training; 2) demonstration/evaluation of inhaler techniques; 3) smoking cessation counseling; and 4) remote patient monitoring.	CPT codes exist for all services. Smoking cessation is already a covered telehealth service. Self-management education and training is currently bundled as part of other E&M and care coordination services; it would be paid separately under the pilot. Only individual self-management education/training is anticipated; 2 other codes that include groups are not appropriate via telehealth. Remote patient monitoring is separately payable effective January 1, 2018.
<b>Medicare Benefit Category</b>	As telehealth practitioners, respiratory therapists are qualified under §1861(s)(A)(2) of the Social Security Act, commonly referred to as the "incident to" benefit. That means the services are rendered "incident to" the professional services of a physician or qualified non-physician practitioner (NPP).	The "incident to" benefit requires the respiratory therapist to work under the direct supervision of the physician or NPP. The physician would bill Medicare directly for the therapist's service. CMS would need to create a modifier in order to ensure the collection of data relevant to services furnished directly by the respiratory therapist.
<b>Originating Site</b>	An individual's home as an originating telehealth site would be added to §1834(m)(C)(ii) of the Social Security Act.	This is consistent with telehealth bills that cover remote patient monitoring for individuals with chronic conditions that include COPD.

<b>Payment</b>	The physician/NPP would bill Medicare consistent with current telehealth provisions and be paid directly under the physician fee schedule for services furnished by the respiratory therapist.	Respiratory therapists would not be paid directly by Medicare as part of the pilot.
<b>Report to Congress</b>	The Secretary would be required to report the findings of the pilot to Congress no later than one year from the conclusion of the pilot.	Data can be gleaned from and extract of the Medicare 5% Limited Data Set (LDS) by examining claims for beneficiaries with a primary diagnosis of COPD. Claims data can also be analyzed to determine if acute care interventions and the health status for patients with COPD were improved as a result of respiratory-related telehealth disease management services.