

Medical Policy

Outpatient Chest Physical Therapy

Policy Number: 040

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	X	
No Prior Authorization			X

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for outpatient chest physical therapy for Mass General Brigham Health Plan members.

Coverage Guidelines

Outpatient chest physical therapy may be considered medically necessary in members with a clinically documented underlying disease or condition (as listed below) as well as documentation of recent medical deterioration (illness/injury/exacerbation/surgery within last 30 days). Outpatient chest physical therapy is not considered medically necessary for persons whose pulmonary condition is stable, as chest physical therapy can be competently administered at home by a family member or caregiver. Mass General Brigham Health Plan will consider coverage of outpatient chest physical therapy in members with any of the following clinically documented conditions:

- Cystic Fibrosis
- Bronchitis
- Bronchiectasis
- Neuromuscular diseases (e.g. Guillain-Barre)
- Progressive muscular weakness (e.g. Myasthenia Gravis)
- Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD)
- Cerebral Palsy
- Muscular Dystrophy

Duration of Services

- Cystic fibrosis exacerbation: less than or equal to 8 visits within a 2-week period
- Other diagnoses: less than or equal to 4 visits within a 2-week period

Documentation Requirements

All member requests require an explicit order from the authorized treating pulmonologist including diagnosis and clinical indications along with a detailed explanation for the inability of a caregiver to provide the services. Correspondence from the treating respiratory therapist alone will not suffice.

Exclusions

- The member's disease has progressed to the stage where chest physical therapy is not possible.
- If the member has significant learning impairments, medical co-morbidities, or behavioral health conditions (e.g. severe psychiatric disease) that would interfere with the member's ability to participate in, or benefit from, outpatient chest physical therapy. Such conditions include, but are not limited to:

- Dementia/organic brain syndrome/disabling stroke
- Unstable angina
- Myocardial infarction within the last 3 months
- Uncontrolled arrhythmia
- Metastatic cancer
- Severe arthritis limited exercise capacity
- Insufficiently treated psychiatric disease
- Active substance abuse
- The member exhibits poor motivation, inability to learn, and/or non-compliance

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations.

Definitions

Chest Physiotherapy (Physical Therapy): Chest physiotherapy consists of external mechanical maneuvers, such as chest percussion, postural drainage, and vibration, to augment mobilization and clearance of airway secretions. It is indicated for patients in whom cough is insufficient to clear thick, tenacious, copious, or loculated secretions.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent

Effective

April 2023: Annual review. Medicare Advantage added to table. Medicare variation language added.
 April 2022: Annual review.
 April 2021: Annual review.
 March 2020: Annual review. References updated.
 March 2019: Annual review.
 May 2018: Annual review. Added clarifying sentence following medical deterioration. Added duration of services. Edited Documentation Requirements section.
 November 2017: Effective date.

References

Branson RD. The scientific basis for postoperative respiratory care. *Respir Care* 2013;58(11):1974-1984.
 Field JB, Levine A. Chest Physiotherapy - Pulmonary Disorders [Internet]. Merck Manuals Professional Edition. 2017 [cited 2017 Jul 31]



Figuels MRI, Giné-Garriga M, Rugeles CG, Perrotta C. Chest physiotherapy for acute bronchiolitis in paediatric patients between 0 and 24 months old. *Cochrane Database of Systematic Reviews* 2012;

Flume PA, Robinson KA, O'Sullivan BP, et. Al. Cystic fibrosis pulmonary guidelines: airway clearance therapies. *Respir Care* 2009.54(4):522-37

Fuchs SI, Toussaint S, Edlhaimb B, et. al. Short-term effect of physiotherapy on variability of the lung clearance index in children with cystic fibrosis. *Pediatr Pulmonol* 2010 Mar;45(3):301-6. doi: 10.1002/ppul.21180.

Grosse-Onnebrink J, Mellies U, Olivier M, et. al. Chest physiotherapy can affect the lung clearance index in cystic fibrosis patients. *Pediatr Pulmonol* 2017; 52:625–631.

Hough JL, Flenady V, Johnston L, Woodgate PG. Chest physiotherapy for reducing respiratory morbidity in infants requiring ventilator support. *Cochrane Database Syst Rev.* 2008;(3):CD006445.

Powner J, Nesmith A, Kirkpatrick DP, Nichols JK, Bermingham B, Solomon GM. Employment of an algorithm of care including chest physiotherapy results in reduced hospitalizations and stability of lung function in bronchiectasis. *BMC Pulmonary Medicine* 2019;19(1).

Tang CY, Taylor NF, Blackstock FC. Chest physiotherapy for patients admitted to hospital with an acute exacerbation of chronic obstructive pulmonary disease (COPD): A systematic review. *Physiotherapy* 2010;96(1):1-13.

Van der Schans CP. Conventional chest physical therapy for obstructive lung disease. *Respir Care* 2007;52(9):1198-1206; discussion 1206-1209.

Wiles L, Camarilla P, Williams MT. Exercise training combined with psychological interventions for people with chronic obstructive pulmonary disease. *Respirology* 2014. PMID 25339508.

