

## Medical Policy

### Outpatient Chest Physical Therapy

**Policy Number:** 040

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

#### 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

**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.

**CPT/HCPC Codes**

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 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**

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