Medical Policy
Outpatient Chest Physical Therapy

Overview
The purpose of this document is to describe the guidelines Neighborhood Health Plan (NHP) utilizes to determine medical appropriateness for outpatient chest physical therapy for NHP 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. Outpatient chest physical therapy by a respiratory therapist 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. NHP 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

Documentation Requirements
All outpatient chest physical therapy requires an explicit order by the authorized treating pulmonologist documenting the member’s clinical circumstances. In addition, documentation must include a detailed description illustrating why a caregiver cannot provide the services. Correspondence from the treating chest physical therapist is not sufficient.

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**

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<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tr>
<td>94667</td>
<td>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation.</td>
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**Effective**

November 2017: Effective date.

**References**


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


