

How to Use This Document

This document explains the clinical criteria Blue Cross Blue Shield of Massachusetts uses to determine coverage for outpatient chest physical therapy. Please be sure to check member benefits and eligibility before rendering services.

Description

Chest physical therapy is a group of treatments designed to improve respiratory efficiency, promote expansion of the lungs, strengthen respiratory muscles, and eliminate excess secretions from the respiratory system. It includes postural drainage, chest percussion and chest vibration, turning, deep breathing exercises, and coughing.

It's usually performed along with other treatments, which may include suctioning, nebulizer treatments, expectorant drugs, and mechanical devices. Mechanical devices may include: chest compression vests (inflatable vest with hoses attached to generator and provides percussion), flutter (handheld device made with cone and high-density steel ball that vibrates the lungs when patient exhales into device), Positive Expiratory Pressure (PEP) mask (rubber mask connected to one-way breathing valve and tube adaptor, which creates resistance during exhalation). Other techniques may include: Autogenic Drainage (combination of breathing techniques to move secretions up to where they can be "huff" coughed out) and other physical exercise.

Chest physical therapy is to help people breathe more easily and to facilitate getting oxygen to the body. It can be performed with newborns, infants, children, and adults. Diagnoses that may be treated include but are not limited to: cystic fibrosis, neuromuscular diseases as Guillain-Barre, progressive muscular weakness (such as Myasthenia Gravis), lung disease and bronchitis, pneumonia, chronic obstructive pulmonary disease (COPD), and people who are likely to aspirate secretions as with cerebral palsy or Muscular Dystrophy.

Coverage Guidelines

For home health care services, a standard global authorization period applies. For services under the short-term rehabilitation benefit, the member's Primary Care Provider (PCP) is responsible for submitting an authorization request electronically for the initial combined PT/OT visits per calendar year. For more information on submitting authorization requests electronically, please refer to the Utilization Management section of our Blue Book. Blue Cross may authorize additional chest physical therapy visits beyond the allowed amount included in the initial authorization when the following criteria are met:

Severity of Illness, All

Clinical presentation, \geq One:

- + Illness/Injury/Exacerbation/Surgery \leq 30 days
- + Discharged from inpatient facility

(continued)

Respiratory Diagnosis \geq One

- + 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

Skilled assessment /intervention required \geq One

- + Monitor of pulmonary status w/adjustments in treatment regimen
- + Compliance assessment
- + New onset/worsening of symptoms
- + New treatment/medication regimen
- + Continued use of short-term antibiotic(s)/increased oxygen/increased nebulizer

Patient/Caregiver not able to manage care \geq One

- + Cognitive deficit
- + Knowledge deficit
- + Physical deficit

Care required in this setting \geq One (Home Care Services only)

- + Homebound \geq One
- + Requires \geq minimal assist to leave the home
- + Dyspnea on exertion
- + In lieu of facility based care
- + Other outpatient management is contra-indicated or not available

Patient/Caregiver agree and able to participate in recommended treatment plan.

Intensity of Service, and Clinical Assessment, All

Chest physical therapy (</= 8 visits </= 2 weeks for cystic fibrosis exacerbation; </= 4 visits </= 2 weeks for other diagnoses)

Clinical assessment,>/=One

+ Continued patient/caregiver education

+ Pulse oximetry

+ Lung sounds

+ Activity tolerance

+ Cough with sputum

Member/Caregiver compliant with home program/instruction for current plan of care.

How to Submit an Authorization Request

Providers may send relevant clinical information to:

For services already billed

Blue Cross Blue Shield of Massachusetts
Provider Appeals
PO Box 986065
Boston, MA 02298

Before rendering services

Blue Cross Blue Shield of Massachusetts
Case Creation
One Enterprise Drive
Quincy, MA 02171
Tel: **1-800-327-6716**
Fax: **1-866-577-9901** (Short-Term Rehabilitation)
Fax: **1-888-282-0780** (Home Care)

Managed Care

Authorizations are required for chest physical therapy services beyond the home health care services global approval and the short-term rehabilitation initial PCP authorization allowance per calendar year.

Indemnity and PPO Guidelines

Authorizations **are not** required for chest physical therapy under Outpatient Short-Term Rehabilitation; however all chest physical therapy provided by a home care agency requires authorization.

We recommend submitting authorization requests electronically. For more information, please refer to the Utilization Management section of our **Blue Books**.

References

1. Guide to Physical Therapy Practice, second edition. American Physical Therapy Association. Revised 2003. Impaired Ventilation, Respiration/Gas Exchange, and Aerobic Capacity/Endurance Associated With Airway Clearance Dysfunction, 6C, 489-504
2. Online Dictionary by Farlex
3. Cystic Fibrosis Foundation. 6931 Arlington Road, Bethesda, MD 20814. 800.344.4823. <http://www.cff.org>
4. Cystic –L Handbook; copyright 1998 as read online
5. Laurie Barclay, MD, New Clinical Guidelines Issued for Exacerbations Cystic Fibrosis Am J Respir Crit Care Med 2009; 180; 802-808 (abstract) (as viewed on Medscape Today for Web M.D.)
6. Colin Wallis, Ammani Prasad Who Needs Chest Physiotherapy? Moving from anecdote to evidence. Arch Dis Child 1999; 80: 393-397; doi 10.1136/ade.80.4.393

Document History

Original Effective Date: March 4, 2010

Review Dates: March 4, 2010, May 5, 2011, April 9, 2012, August 22, 2012, August 29, 2013, August 28, 2014, August 28, 2015, August 23, 2016, August 11, 2017, August 21, 2018

Last Review Date: August 21, 2019

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).



MASSACHUSETTS

© Registered Marks of the Blue Cross and Blue Shield Association. © 2019 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

1992845M

55-2421 (09/19)