Medicare Checklist for AffloVest

(High Frequency Chest Wall Oscillation E0483)

AffloVest®

1 MEDICAL RECORD

The following must all be well documented in the Medical Record itself

Diagnosis

- BRONCHIECTASIS confirmed by a high resolution, spiral or standard CT scan

— or —

- Cystic fibrosis
- MS
- MD
- ALS
- Other neuromuscular diseases

Reason(s) for ordering AffloVest, such as:

- **Signs & Symptoms (Documentation only Required if Bronchiectasis is Diagnoses used for order)**

Daily productive (mucus) cough for at least 6 continuous months

— or —

Frequent (i.e. more than 2/year) exacerbations/chest infections requiring antibiotic therapy

Airway Clearance Therapy TRIED AND FAILED Required: Documentation (chart notes) of another treatment (flutter valve, percussion, postural drainage, breathing techniques, suctioning) tried to mobilize secretions and clearly indicating that the other device has failed.

- Which of the following treatment methods have been tried and failed?*
  - ☐ CPT (Manual or Percussor)
  - ☐ PEP (Flutter/Acapella/Aerobika, etc.)
  - ☐ Breathing/Drainage Techniques
  - ☐ Other

*Must be well documented in patient chart notes

Treatment plan

- Recommendation for AffloVest or HFCWO

Practitioner signature

- Signature must be legible or verified by signature log.

- Medical records must be dated within 12 months prior to order.

Sources: Medicare LCDs for High Frequency Chest Wall Oscillation Devices; effective July 1, 2016.

2 WRITTEN ORDER

Prior to dispensing.

See Reverse for Order Form

3 FAX

Medical record and written order to:

AffloVest
2101 E. St. Elmo Rd. Ste. 275 Austin, TX 78744
(T) 888-711-1145 | (F) 888-793-2319 | afflovest.com

Medicare Approved ICD10 Codes for HFCWO E0483

Bronchiectasis

Code	Description
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute exacerbation
J47.9	Bronchiectasis, uncomplicated
Q33.4	Congenital Bronchiectasis

Cystic Fibrosis and Neuromuscular Conditions

Code	Description
E84.0	Cystic Fibrosis with Pulmonary Manifestations
E84.9	Cystic Fibrosis, unspecified
A15.0	Tuberculosis of lung
B91	Sequelae of Poliomyelitis
D84.1	Defects in the complement system
D81.810	Biotinidase deficiency
G12.0	Infantile spinal muscular atrophy, type I (Werdnig-Hoffman)
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuro disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G35	Mltiple sclerosis
G71.00	Muscular dystrophy, unspecified
G71.01	Duchenne or Becker muscular dystrophy
G71.02	Facioscapulohumeral muscular dystrophy
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
G71.2	Congenital myopathies
G71.3	Mitochondrial myopathy not elsewhere classified
G71.8	Other primary disorders of muscles
G72.0	Drug-induced myopathy
G72.1	Alcoholic myopathy
G72.2	Myopathy due to other toxic agents
G72.89	Other specified myopathies
G73.7	Myopathy in diseases classified elsewhere
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
J98.6	Disorders of diaphragm
M32.82	Systemic sclerosis with myopathy
M33.02	Juvenile dermatopolymyositis with myopathy
M33.12	Other dermatopolmyositis with myopathy
M33.22	Polymyositis with myopathy
M33.92	Dermatopolymyositis, unspecified with myopathy
M34.82	Systemic sclerosis with myopathy
M35.03	Sicca syndrome with myopathy

Prescription / Written Order Prior to Delivery
Fax: 888-793-2319

Patient Information

Patient First Name ______ Patient Last Name ______ Gender ______ Date of Birth ______

Patient Phone Number ______ Patient Primary Insurance ______ Policy Number ______ Height / Weight ______

Narrative Diagnosis Descriptions & ICD-10 Codes ______

Patient Chest Circumference (nipple line) & Abdomen Circumference (navel line) ______

Prescription / Written Order Prior to Delivery

Start Date: ______ Length of Need: ☐ 30 Day Rx ☐ 99 (Lifetime) ☐ Other ______

☐ Dispense one AffloVest by International Biophysics Corporation / High Frequency Chest Wall Oscillation System / E0483

☐ Frequency of Use (standard): Use the AffloVest at 5Hz–20Hz for 30 minute treatments twice per day (minimum of 10 minutes per day)

☐ Frequency of Use (custom): Use the AffloVest at ______ Hz for ______ minutes treatments ______ per day.

Preferred DME ______

Physician Signature (***stamped signature not accepted***) ______ Date ______

Physician Printed Name ______ NPI Number ______

Physician Address ______ City ______ State ______ Zip ______

Physician Phone ______ Physician Fax ______

Alternate Contact Name ______ Phone ______ Email ______

I certify the accuracy of this Rx for the AffloVest Airway Clearance System and that I am the physician identified in this form. I certify that the medical information provided above and in the supplementary documentation is true, accurate, and completed to the best of my knowledge. The patient record contains the supplementary documentation to substantiate the medical necessity of the AffloVest and physician notes will be provided to the authorized AffloVest distributor by request. By providing this form to an authorized AffloVest distributor, I acknowledge that the patient is aware that he or she may be contacted by said distributor for any additional information to process this order.

* AffloVest requires a doctor's prescription for treatment by High Frequency Chest Wall Oscillation (HFCWO). The AffloVest has received the FDA's 510k clearance for U.S. market availability, and is approved for Medicare, Medicaid, and private health insurance reimbursement under the Healthcare Common Procedure Coding System(HCPCS) code E0483 – High Frequency Chest Wall Oscillation. The AffloVest is also available through the U.S Department of Veterans Affairs/Tricare. Patients must qualify to meet insurance eligibility requirements.