

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:



FAX: (734) 975-6678

Medicare Approved ICD10 Codes for HFCWO E0483

Bronchiectasis

- 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

- 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 Multiple 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 dermatomyositis with myopathy
- M33.12 Other dermatopolmyositis with myopathy
- M33.22 Polymyositis with myopathy
- M33.92 Dermatomyositis, unspecified with myopathy
- M34.82 Systemic sclerosis with myopathy
- M35.03 Sicca syndrome with myopathy



FAX: (734) 975-6678

Healthcare DME
2911 Carpenter Road
Ann Arbor, MI 48108
Ph. 1-877-240-7DME

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.