

Afflovest:

Prescription:

- Patient's name
- DOB
- Afflovest E0483
- Frequency of use
- MD name printed
- MD signature
- MD signature Date
- MD NPI

F2F notes: Must document patient's diagnosis along with daily productive cough for at least 6 months or frequent exacerbations along with alternative treatments that were tried and failed.


IF patient has bronchiectasis, we will need a CT scan to confirm this. Please see Checklist below:

Medicare Checklist for AffloVest (High Frequency Chest Wall Oscillation)


1 MEDICAL RECORD

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

Reason(s) for ordering AffloVest, such as:


- **Signs & Symptoms**
 Daily productive (mucus) cough for at least 6 continuous months — or —  Frequent (i.e. more than 2/year) exacerbations/ chest infections requiring antibiotic therapy

Diagnosis

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

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

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.


2 WRITTEN ORDER

Prior to dispensing.

See Reverse for Order Form

3 FAX : 781- 987- 8206

Medical record and written order to:



The AffloVest is a physician prescribed oscillation treatment device. Respiratory patients should consult their physician to determine how AffloVest can help.

DESCRIPTION	ICD-10 CODE
CYSTIC FIBROSIS, UNSPECIFIED	E84.9
CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	E84.0
BRONCHIECTASIS WITH ACUTE LOWER RESPIRATORY INFECTION	J47.0
BRONCHIECTASIS WITH (ACUTE) EXACERBATION	J47.1
CONGENITAL BRONCHIECTASIS	Q33.4
BRONCHIECTASIS, UNCOMPLICATED	J47.9
NEUROMUSCULAR DISEASES	
POST-POLIO SYNDROME	G14
GLYCOGEN STORAGE DISEASE DUE TO ACID MALTASE DEFICIENCY	E74.0
SPINAL MUSCULAR ATROPHY, UNSPECIFIED	G12.9
MULTIPLE SCLEROSIS	G35
QUADRIPLEGIA, UNSPECIFIED	G82.50
MUSCULAR DYSTROPHY	G71.0
OTHER SPECIFIED MYOTONIC DISORDERS	G71.19
MYOPATHY, UNSPECIFIED	G72.89
AMYOTROPHIC LATERAL SCLEROSIS	G12.21
DISORDERS OF DIAPHRAGM	J98.6