



## Medicare Guidelines for the AffloVest<sup>®</sup>\*

E0483 High Frequency Chest Wall Oscillation System



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- ① The AffloVest requires an in-person, face-to-face examination with the treating physician and the physician must document that the beneficiary was evaluated and treated for a condition (a,b, or c below) that supports the need for the AffloVest. The face-to-face must have occurred sometime during the six months prior to the date of the order.
- ② The AffloVest requires a Written Order Prior to Delivery. The treating physician who conducted the face-to-face examination does not need to be the prescribing, PECOS eligible, practitioner who writes the Written Order Prior to Delivery, however the practitioner must have knowledge and documentation of the face-to-face examination that was covered.
- ③ The AffloVest requires the beneficiary's medical record prove medical justification of need and medical necessity based on Medicare's LCD (a, b, or c listed below) and include well-documented *failure* of standard treatments to adequately mobilize retained secretions (i.e. flutter valve, percussion, postural drainage, CPT, oscillating PEP, suctioning, cough assist, etc.).
  - a. The beneficiary must have a diagnosis of cystic fibrosis.
  - b. The beneficiary must have a diagnosis of bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan which is characterized by
    - i. Daily productive cough for at least 6 continuous months *or*
    - ii. Frequent (i.e. more than 2 per year) exacerbations requiring antibiotic treatment.
  - c. The beneficiary has one of the following neuromuscular diseases diagnosis below:

ICD-9	ICD-9 DESCRIPTION	ICD-10	ICD-10 DESCRIPTION
277.00	Cystic fibrosis without mention of meconium ileus	E84.9	Cystic fibrosis, unspecified
277.02	Cystic fibrosis with pulmonary manifestations	E84.0	Cystic fibrosis with pulmonary manifestations
494.0	Bronchiectasis without acute exacerbation	J47.0	Bronchiectasis with acute lower respiratory infection
491.1	Bronchiectasis with acute exacerbation	J47.1	Bronchiectasis with (acute) exacerbation
748.61	Congenital bronchiectasis	Q33.4	Congenital bronchiectasis
		J47.9	Bronchiectasis, uncomplicated
	<b>NEUROMUSCULAR DISEASES</b>		<b>NEUROMUSCULAR DISEASES</b>
138	Post-polio	G14	Post-polio syndrome
267	Acid maltase deficiency	E74.0	Glycogen storage disease due to acid maltase deficiency
335	Anterior horn cell diseases	G12.9	Spinal muscular atrophy, unspecified
340	Multiple sclerosis	G35	Multiple sclerosis
780.72	Quadriplegia	G82.50	Quadriplegia, unspecified
359.10	Hereditary muscular dystrophy	G71.0	Muscular dystrophy
359.2	Myotonic disorders	G71.19	Other specified myotonic disorders
359.8	Other myopathies	G72.9	Myopathy, unspecified
335.20	Amyotrophic lateral sclerosis	G12.21	Amyotrophic lateral sclerosis
519.4	Paralysis of the diaphragm	J98.6	Disorders of diaphragm

\*Refer to Medicare's Local Coverage Determination for additional information on qualifying diagnosis codes and codes that support medical necessity.

\*These guidelines are intended to be a general summary and not intended to take the place of the law, regulations, or the national and local coverage determinations. Detailed information about the requirements can be found on the CMS website [www.cms.gov](http://www.cms.gov)



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