

Medicare Checklist for AffloVest

(High Frequency Chest Wall Oscillation)

1 MEDICAL RECORD

Document the following:

Reason(s) for ordering AffloVest, such as:

Signs & Symptoms



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



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

— or —

Diagnosis



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

— or —

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

Failure of standard treatments to adequately mobilize retained secretions



- Well-documented failure of other treatments to adequately mobilize retained secretions/ airway clearance (chest physiotherapy, postural drainage, flutter valve, Acapella, pharmacological, etc.) and the effectiveness of the treatment

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

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

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

Medicare approved diagnoses for AffloVest or HFCWO equipment

| 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 |



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.

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.



International Biophysics Corporation | 2101 E. St. Elmo Road, Building 2, Suite 275, Austin, TX 78744 | 888-711-1145 | AffloVest.com