







AffloVest Medicare Requirements HCPCS E0483 High Frequency Chest Wall Oscillation Device

To determine eligibility please call:_

The purpose of this update is to educate you about Medicare's required documentation for airway clearance equipment. Physicians perform an essential role ensuring patient's benefit from home airway clearance equipment.

MEDICARE REQUIREMENTS FOR BRONCHIECTASIS:



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

OR



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

AND



Well-documented failure of other standard treatments (flutter valve, percussion, postural drainage, breathing techniques) to adequately mobilize retained secretions.

CT SCAN

AND

Diagnosis confirmed via a CT scan

Example Note: Bronchiectasis

The patient has <u>bronchiectasis</u> and has had a CT scan confirming this disease on XX/XX/XXXX. Patient has tried other standard treatments (Flutter Valve, Acapella, CPT). That alone was not able to adequately mobilize retained secretions and reduce recurring lung infections. Patient has had a daily productive cough for more than 6 months. Patient would benefit from HFCWO (High Frequency Chest Wall Oscillation) or the Afflovest.

OR

The patient has <u>bronchiectasis</u> and has had a CT scan confirming this disease on XX/XX/XXXX. Patient has tried other standard treatments (Flutter Valve, Acapella, CPT). That alone was not able to adequately mobilize retained secretions and reduce recurring lung infections. <u>Patient has been ordered antibiotic on XX/XX/XXXX, XX/XX/XXXX, XX/XX/XXXX, in the last year, for the treatment of this specific disease</u>. Patient would benefit from HFCWO (High Frequency Chest Wall Oscillation) or the Afflovest.

MEDICARE REQUIREMENTS FOR DISORDERS OF THE DIAPHRAGM, CYSTIC FIBROSIS, NEUROMUSCULAR DISORDERS & OTHER CONDITIONS (REFER TO THE FULL LIST OF ICD-10 CODES ON THE MEDICARE LCD):



Diagnosis

AND



Chart Notes to support the diagnosis

AND



Well-documented failure of other standard treatments (flutter valve, percussion, postural drainage, breathing techniques) to adequately mobilize retained secretions.

Example Note: CF, Neuromuscular, Disorders of the Diaphragm, Other Diagnoses

The patient has CF, Neuromuscular, Disorders of the Diaphragm, or other diagnosis. Patient has tried other standard treatments (Flutter Valve, Acapella, CPT). That alone was not able to adequately mobilize retained secretions and reduce recurring lung infections. Patient would benefit from HFCWO (High Frequency Chest Wall Oscillation) or the AffloVest.

If the CT scan does not confirm BE. Patient may have COPD or other chronic lung disease which are not covered standalone diagnoses. In these cases, if the patient is experiencing airway clearance issues and other treatment options have been attempted and failed, then a physician can look at other diagnoses that may be occurring due to these chronic lung issues (e.g., disorders of the diaphragm, myopathy, etc).

In order to help ensure coverage of HFCWO therapy, it is important that the following criteria is met:

- The diagnosis must be clearly defined within in the chart notes and be noted as a part of the patient's clinical diagnostic history. It is important that the diagnostic history clearly paints a picture of how the patient's condition has evolved and has compromised their ability to clear secretions on their own.
- Thorough chart notes indicating that other treatments aimed at mobilizing secretions have been tried and failed or thorough documentation of why other treatments would not be sufficient or are not an option for a specific patient.

Well-documented Failure of Other Treatments to Adequately Mobilize Retained Secretions

COMMON REASON AIRWAY CLEARANCE TREATMENTS FAILS

- Did not mobilize secretions
- Unable to tolerate positioning (CPT)
- Insufficient expiratory force
- Physical limitations of patient or caregiver
- No caregiver available
- Cognitive level
- Severe arthritis/osteoporosis

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Bronchodilators

Used to open your airways before doing other airway clearance treatments. May be taken through metered dose inhaler (MDI), or a nebulizer. This is not a standalone therapy.



Hypertonic Saline

Sterile sodium chloride (salt) solution inhaled through a nebulizer to thin the mucus. Available in different concentrations, most commonly 3% and 7%



Positive Expiratory Pressure (PEP)

Hand-held device that creates resistance when you breathe out. This process helps get air behind the mucus, detach it from lung walls, and promote movement up and out of the airways.



Oscillating Positive Expiratory Pressure (OPEP)

Hand-held device that allows you to breathe in freely, but creates vibration and resistance when you breathe out. The vibration and resistance aid in moving mucus up and out of the airways.

COMMON AIRWAY CLEARANCE TREATMENT TRIED, FAILED OR INAPPROPRIATE - EXAMPLES

- Patient tried Chest Physical Therapy (CPT) but was unable to tolerate treatment or has no caregiver available to perform treatment.
- Patient used Flutter/Acapella device but it did not effectively mobilize secretions.
- Patient has insufficient expiratory force to perform Huff Cough effectively to mobilize secretions.



High-Frequency Chest Wall Oscillation (Stationary)

Vest device that plugs into an electric outlet and uses an air compressor and hoses to help clear the airways.



Huff Coughing

Involves taking a breath in, holding it briefly, and actively exhaling as if you are trying to "fog up" a mirror. Less intense than a regular cough, it may be more effective at clearing.



Active Cycle of Breathing Technique (ACBT)

A three-step technique that helps clear mucus: breathing control (relax airways), chest expansion exercises (get air behind mucus), and huff coughing (move mucus to larger airways).



Chest Physical Therapy (CPT) & Postural Positioning

Uses percussion (clapping) and gravity (postural drainage/positioning) along with other techniques such as huff coughing to loosen and drain mucus from the lungs.



