VER. 1.25

Frontier Home Medical

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AFFLOVEST COVERAGE CRITERIA

The AffloVest requires a standard written order and an in-person, face-to-face examination that documents the need for the AffloVest.

STANDARD WRITTEN ORDER: A valid order must be signed prior to delivery of the equipment. The treating physician who conducted the face-to-face examination does not need to be the prescribing practitioner who writes the written order. However, the practitioner must have knowledge about what was covered during the face-to-face exam.

FACE-TO-FACE NOTES: The patient must have a face-to-face clinical evaluation by the treating physician within 6 months prior to the date of the order. The physician must document that the patient was evaluated and treated for a condition that supports the need for the AffloVest.

High frequency chest wall oscillation devices are covered for patient who meet Criteria 1, 2, or 3 and Criteria 4.

1. Patient has a diagnosis of cystic fibrosis
2. Patient has a diagnosis of bronchiectasis which has been confirmed by a high resolution, spiral, or standard CT scan which is characterized by:
   a. Daily productive chough for at least 6 continuous months or
   b. Frequest (more than 2 per year) exacerbations requiring antibiotic treatment
3. Patient has one of the following neuromuscular diseases diagnosis (see diagnosis codes that support medical necessity below): post-polio, acid maltase deficiency, anterior horn cell diseases, multiple sclerosis, quadriplegia, hereditary muscular dystrophy, myotonic disorders, other myopathies, paralysis of the diaphragm.
4. Patient must have tried and failed standard treatments for adequately mobilize retained secretions.

A15.0	*Tuberculosis of lung*	*G12.8*	*Other spinal muscular atrophies & related syndromes*	*G71.8*	*Other primary disorders of muscles*	*J47.0*	*Bronchiectasis with acute lower respiratory infection*
B91	*Sequelae of poliomyelitis*	G12.9	*Spinal muscular atrophy, unspecified*	*G72.0*	*Drug-induced myopathy*	*J47.1*	*Bronchiectasis with (acute) exacerbation*
D81.810	*Biotinidase deficiency*	G14	Postpolio syndrome	*G72.1*	*Alcoholic myopathy*	*J47.9*	*Bronchiectasis, uncomplicated*
D84.1	*Defects in the complement system*	*G35*	Multiple sclerosis	*G72.2*	*Myopathy due to other toxic agents*	*J98.6*	*Disorders of diaphragm*
E84.0	*Cystic fibrosis with pulmonary manifestations*	*G71.0*	*Muscular dystrophy*	*G72.89*	*Other specific myopathies*	*M33.02*	*Juvenile dermatopolymyositis with myopathy*
E84.9	*Cystic fibrosis, unspecified*	*G71.11*	*Myotonic muscular dystrophy*	*G73.7*	*Myopathy in diseases classified elsewhere*	*M33.12*	*Other dermatopolymyositis with myopathy*
G12.0	*Infantile spinal muscular atrophy, type I*	*G71.12*	*Myotonic congenita*	G82.50	Quadriplegia, unspecified	*M33.22*	*Polymyositis with myopathy*
G12.1	*Other inherited spinal muscular atrophy*	*G71.13*	*Myotonic chondrodystrophy*	G82.51	Quadriplegia, C1-C4 complete	*M33.92*	*Dermatopolymyositis, unspecified with myopathy*
G12.20	*Motor neuron disease, unspecified*	*G71.14*	*Drug induced myotonia*	*G82.52*	Quadriplegia, C1-C4 incomplete	*M34.82*	*Systemic sclerosis with myopathy*
G12.21	*Amyotrophic lateral sclerosis*	*G71.19*	*Other specified myotonic disorders*	*G82.53*	Quadriplegia, C5-C7 complete	*M35.03*	*Sicca syndrome with myopathy*
G12.22	*Progressive bulbar palsy*	*G71.2*	*Congenital myopathies*	*G82.54*	Quadriplegia, C5-C7 incomplete	*Q33.4*	*Congenital bronchiectasis*
G12.29	*Other motor neuron disease*	*G71.3*	*Mitochondrial myopathy, not elsewhere classified*				

E-PRESCRIBE: Frontier Home Medical makes ordering equipment easier with electronic ordering through Parachute. Visit our website *(FrontierHomeMedical.com)* to learn more about Parachute and get started with electronic ordering.

FAX PRESCRIPTION & FACE-TO-FACE NOTES TO THE LOCAL FRONTIER BRANCH.

If you have any questions or concerns, please contact Frontier Home Medical. Thank you for your cooperation!

Cozad
304 W 8th Street
Cozad, NE 69130
888.326.3818
fax: 308.784.3061

Omaha
8425 F St, Ste A
Omaha, NE 68127
877.714.2500
fax: 402.614.2550

McCook
708 E B Street
McCook, NE 69001
888.345.2068
fax: 308.345.6921

North Platte
601 S Dewey St., Ste. 3
North Platte, NE 69101
308.532.2078
fax: 308.532.2088

Kearney
3813 2nd Ave
Kearney, NE 68847
877.234.3532
fax: 308.234.4245

Lincoln
4550 O St.
Lincoln, NE 68510
877.465.0033
fax: 402.465.0055

Grand Island
225 N Webb Rd, Ste 2
Grand Island, NE 68803
877.727.6222
fax: 308.384.4923