AffloVest

Mobilizing Secretions for Better Breathing

The Afflo Vest is the first truly portable High Frequency Chest Wall Oscillation (HFCWO) vest that promotes airway clearance and lung secretion mobilization prescribed in the treatment of respiratory diseases like Bronchiectasis, Cystic Fibrosis, MS, ALS, and other neuromuscular diseases.

Medicare Approved Diagnoses include the following:

- Cystic Fibrosis
- Amyotrophic Lateral Sclerosis
- Bronchiectasis
- Quadriplegia
- Disorders of the diaphragm
- Postpolio Syndrome
- Multiple Sclerosis

ACHC ACCREDITED

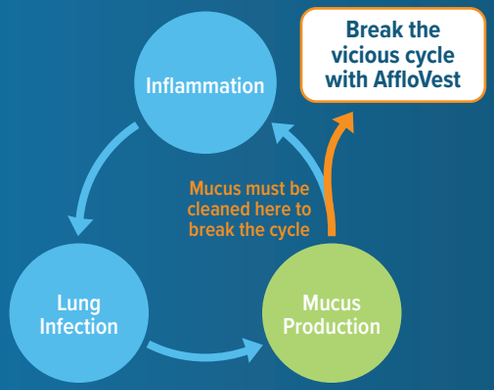
It's time to offer your patients AffloVest

- The AffloVest is the latest in HFCWO technology
- Freedom of movement without electrical cords or hoses
- 9 setting variations for individualized treatment
- Quiet and lightweight
- Medicare, Medicaid and Private Insurance reimbursed

BREAK THE CYCLE

Airway Clearance Therapy May Help By:

- Mobilizing & clearing secretions
- Minimizing hospital visits
- Improving respiratory function
- Reducing recurrence of infections



HHA LIC#299995451
HHA LIC#299993216
HHA LIC#299993224

BARNES HEALTHCARE SERVICES

For more information, visit www.barneshc.com

Covered Diagnoses for Afflovest by Insurance Type

PLEASE CIRCLE ORDERING DIAGNOSIS BELOW

ICD-10	Diagnoses	Medicare	GA Medicaid	FL Medicaid
A15.0	Tuberculosis of lung	✓		
B91	Sequelae of poliomyelitis	✓		
D81.818	Biotinidase deficiency	✓		✓
D84.1	Defects of the complement system	✓		
E84.0	Cystic fibrosis with pulmonary manifestations	✓	✓	✓
E84.9	Cystic fibrosis, unspecified	✓	✓	✓
G12.0	Infantile spinal muscular atrophy, type I	✓		
G12.1	Other inherited spinal muscular atrophy	✓		
G12.20	Motor neuron disease, unspecified	✓	✓	
G12.21	Amyotrophic lateral sclerosis	✓	✓	
G12.22	Progressive bulbar palsy	✓		
G12.23	Primary Lateral sclerosis	✓		
G12.24	Familial motor neuron disease	✓		
G12.25	Progressive spinal muscle atrophy	✓		
G12.29	Other motor neuro disease	✓	✓	✓
G12.8	Other spinal muscular atrophies and related syndromes	✓		
G12.9	Spinal muscular atrophy, unspecified	✓		
G14	Postpolio syndrome	✓		✓
G35	Multiple sclerosis	✓		✓
G71.00	Muscular dystrophy, unspecified	✓		✓
G71.01	Duchenne or Becker muscular dystrophy	✓		
G71.02	Facioscapulohumeral muscular dystrophy	✓		
G71.09	Other specified muscular dystrophies	✓		
G71.11	Myotonic muscular dystrophy	✓		✓
G71.12	Myotonia cogenita	✓		✓
G71.13	Myotonic chondrodystrophy	✓		✓
G71.14	Drug induced myotonia	✓		✓
G71.19	Other specified myotonic disorders	✓		✓
G71.20	Congenital myopathies, unspecified	✓		✓

ICD-10	Diagnoses	Medicare	GA Medicaid	FL Medicaid
G71.21	Nemaline myopathy	✓		
G71.220	X-linked myotubular myopathy	✓		
G71.228	Other centronuclear myopathy	✓		
G71.29	Other congenital myopathy	✓		
G71.3	Mitochondrial myopathy, unclassified	✓		✓
G71.8	Other primary disorders of muscles	✓		
G72.0	Drug-induced myopathy	✓		✓
G72.1	Alcoholic myopathy	✓		✓
G72.2	Myopathy due to other toxic agents	✓		✓
G72.89	Other specified myopathies	✓		✓
G73.7	Myopathy in diseases classified elsewhere	✓		✓
G82.50	Quadriplegia, unspecified	✓		✓
G82.51	Quadriplegia, C1-C4 complete	✓		✓
G82.52	Quadriplegia, C1-C4 incomplete	✓		✓
G82.53	Quadriplegia, C5-C7 complete	✓		✓
G82.54	Quadriplegia, C5-C7 incomplete	✓		✓
J47.0	Bronchiectasis with acute lower respiratory infection	✓	✓	✓
J47.1	Bronchiectasis with acute exacerbation	✓	✓	✓
J47.9	Bronchiectasis, uncomplicated	✓	✓	✓
J98.6	Disorders of diaphragm	✓		
M33.02	Juvenile dermatopolymyositis with myopathy	✓		✓
M33.12	Other dermatopolymyositis with myopathy	✓		✓
M33.22	Polymyositis with myopathy	✓		✓
M33.92	Dermatopolymyositis, unspecified	✓		✓
M34.82	Systemic sclerosis with myopathy	✓		✓
M35.03	Sicca syndrome with myopathy	✓		✓
Q33.4	Congenital bronchiectasis	✓	✓	✓
Q34.8	Primary Ciliary Dyskinesia		✓	
E74.01	von Glerke disease			✓

HFCWO Order

Patient Name: _____ MRN:_____ DOB:_____

Address_____ Male ☐ Female ☐ Height:_____ Weight:_____

City: _____ State:_____ Zip:_____ Order Date:_____

☐ Standard airway clearance therapies have been tried and failed.
(This MUST be clearly documented in the patient medical record)

☐ High Frequency Chest Wall Oscillation Device E0483 Length of Need (#mths) _____ or ☐ Lifetime

☐ STANDARD
Treatments per day: 2
Minutes per treatment: 30
Frequencies: [soft] 5-20Hz [intense]

☐ CUSTOM
Treatments per day: _____
Minutes per treatment: _____
Frequencies: _____

Prescriber Information

Prescriber Name: _____ Phone Number:_____

Address: _____ City: _____ State: _____ Zip:_____

Prescriber Signature: _____ NPI: _____

Date: _____ License#: _____