



MEDICARE COVERAGE CRITERIA FOR HFCWO AIRWAY CLEARANCE THERAPY

The Vest® Airway Clearance System Monarch® Airway Clearance System

BRONCHIECTASIS	CYSTIC FIBROSIS	NEUROMUSCULAR DISEASE
<p>Patient diagnosed with bronchiectasis, confirmed by a CT scan, which is characterized by:</p> <ul style="list-style-type: none"> a. Daily productive cough for at least six continuous months; <p>OR</p> <ul style="list-style-type: none"> b. Frequent (i.e., three or more in a year) exacerbations requiring antibiotic therapy; <p>AND</p> <p>There must be well-documented failure of standard treatments to adequately mobilize retained secretions.</p> <p>Examples of standard treatments:</p> <ul style="list-style-type: none"> ■ Manual Chest Percussion Therapy (CPT) ■ Positive Expiratory Pressure (PEP) device ■ Postural drainage ■ Nebulized medication with mucolytic ■ Incentive spirometry 	<p>Patient diagnosed with cystic fibrosis</p> <p>AND</p> <p>There must be well-documented failure of standard treatments to adequately mobilize retained secretions.</p> <p>Examples of standard treatments:</p> <ul style="list-style-type: none"> ■ Manual CPT ■ PEP device ■ Postural drainage ■ Nebulized medication with mucolytic ■ Incentive spirometry 	<p>Patient diagnosed with neuromuscular disease (see back page for list of diseases)</p> <p>AND</p> <p>There must be well-documented failure of standard treatments to adequately mobilize retained secretions.</p> <p>Examples of standard treatments:</p> <ul style="list-style-type: none"> ■ Manual CPT ■ PEP device ■ Postural drainage ■ Nebulized medication with mucolytic ■ Incentive spirometry



LIST OF NEUROMUSCULAR DISEASES

- Post-Polio Syndrome
- Acid Maltase Deficiency
- Anterior Horn Cell Diseases
 - Inherited Spinal Muscular Atrophy
 - Spinal Muscular Atrophy, Other
 - Spinal Muscular Atrophy, Unspecified
 - Progressive Spinal Muscular Atrophy
 - Amyotrophic Lateral Sclerosis (ALS)
 - Progressive Bulbar Palsy
 - Pseudobulbar Palsy
 - Primary Lateral Sclerosis
 - Familiar Motor Neuron Disease
 - Other Motor Neuron Disease
 - Motor Neuron Disease, Unspecified
 - Other Anterior Horn Cell Disease
 - Anterior Horn Disease, Unspecified
- Multiple Sclerosis
- Stable Quadriplegia
 - Quadriplegia, Unspecified
 - C1-C4 Complete
 - C1-C4 Incomplete
 - C5-C7 Complete
 - C5-C7 Incomplete
- Muscular Dystrophy
 - Muscular Dystrophy, Unspecified
 - Facioscapulohumeral Muscular Dystrophy
 - Duchenne or Becker Disease
 - Other Specified Muscular Dystrophy
- Myotonic Disorders
 - Myotonic Muscular Dystrophy
 - Myotonic Congenital
 - Myotonic Chondrodystrophy
 - Drug Induced Myotonia
 - Other Specified Myotonic Disorders
- Other Myopathies
 - Congenital Myopathies
 - Nemaline Myopathy
 - X-linked Myotubular Myopathy
 - Other Centronuclear Myopathy
 - Other Congenital Myopathy
 - Mitochondrial Myopathy, Not Elsewhere Classified
 - Other Primary Disorders of Muscles
 - Drug-Induced, Alcoholic or Myopathy Due to Other Toxic Agents
 - Other Specified Myopathies
 - Myopathy in Diseases Classified Elsewhere
 - Juvenile or Other Dermatopolymyositis with Myopathy
 - Polymyositis with Myopathy
 - Systemic Sclerosis with Myopathy
 - Sicca Syndrome with Myopathy
- Disorders of Diaphragm

AN EASY OPTION FOR DOCUMENTING CONTINUED MEDICAL NECESSITY:

- Medicare doesn't pay for equipment that you've ordered for your Medicare patient if it isn't being used. Unfortunately, medical records from office visits often neglect to mention that a patient continues to use home medical equipment.
- However, it is necessary to document that the equipment continues to be used throughout the capped rental period.
- One easy way to address this is to include medical equipment that you've ordered for your patient on their medication list.



Any spinal disease state which could result in adverse events should be stabilized prior to use of this device.

For further information about products or services, please contact Hillrom customer service at 1-800-426-4224.

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The information provided in this document is for educational purposes only and is not intended to serve as reimbursement advice. It is the responsibility of the provider to consult with the Medicare Program or other applicable health plan for appropriate coding and reporting of all items and services. In all cases, items and services billed must be medically necessary, actually furnished as reported and appropriately documented in conformance with applicable standards. Billing codes (e.g., EO290) and coverage criteria are subject to change. Consult the appropriate Medicare contractor with questions related to Medicare coverage, including the Pricing, Data Analysis & Coding (PDAC) contractor for product coding questions and the respective DMEMAC for other coding or criteria questions.