

Fitzsimmons

Home Medical Equipment

A Division of Fitzsimmons Surgical Supply, Inc.

VEST THERAPY PRESCRIPTION FORM

PLEASE FAX COMPLETED FORM TO: (708) 532-4411

FOR SUPPORT PLEASE CALL: (800) 972-8530

PATIENT INFORMATION

PATIENT NAME:	PATIENT DOB:	ORDER DATE:
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RX: HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (HCPCS: E0483)

LENGTH OF NEED: LIFETIME (99) _____

SETTINGS

RECOMMENDED PROTOCOL

TREATMENTS PER DAY 2
MINUTES PER TREATMENT 30
FREQUENCIES/INTENSITIES (SOFT)5-20HZ(INTENSE)
MINIMUM USAGE PER DAY 2

OR

CUSTOM PROTOCOL (IF OTHER THAN RECOMMENDED)

TREATMENTS PER DAY _____
MINUTES PER TREATMENT _____
FREQUENCIES/INTENSITIES _____
MINIMUM USAGE PER DAY _____

By signing and dating, I certify that the information contained on this form is true, accurate, and complete to the best of my knowledge. This prescription is for a High Frequency Chest Wall Oscillation Air-Pulse generator system (HCPCS: E0483), which according to my professional judgment, is medically necessary for the patient identified above. The patient's record contains documentation which supports the use of a High Frequency Chest Wall Oscillation Air-Pulse generator system. I agree to provide such documentation to the provider of this equipment upon request. A copy of this order will be retained as part of the patient's medical record.

PHYSICIAN INFORMATION

PHYSICIAN NAME:	NPI:
PHYSICIAN SIGNATURE:	SIGNATURE DATE:

Qualifications

For Bronchiectasis:

- Established diagnosis of bronchiectasis confirmed by a high resolution, spiral, or standard CT scan and characterized by:
 - Daily productive cough for at least 6 continuous months documented in physician progress notes on at least 2 visits; or
 - Frequent (i.e., more than 2/year) exacerbations requiring antibiotic therapy.
- Documented history of other treatments to mobilize secretions (breathing techniques, flutter valve, postural drainage, percussion, suctioning) as tried and failed. Medical records must specifically mention other treatment outcomes.
- Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis does not meet the criterion for coverage.

For Cystic Fibrosis:

- Documented history of other treatments to mobilize secretions (breathing techniques, flutter valve, postural drainage, percussion, suctioning) as tried and failed. Medical records must specifically mention other treatment outcomes.

For Neuromuscular disorders:

- Documented history of other treatments to mobilize secretions (breathing techniques, flutter valve, postural drainage, percussion, suctioning) as tried and failed. Medical records must specifically mention other treatment outcomes.

ICD-10 Diagnosis Codes that Support Medical Necessity

ICD-10	Description	ICD-10	Description	ICD-10	Description	ICD-10	Description
A15.0	Tuberculosis of lung	G71.3	Mitochondrial myopathy, NOC	G14	Postpolio syndrome	J47.9	Bronchiectasis, uncomplicated
B91	Sequelae of poliomyelitis	G71.8	Other primary disorders of muscles	G35	Multiple sclerosis	J98.6	Disorders of diaphragm
D81.810	Biotinidase deficiency	G72.0	Drug-induced myopathy	G71.2	Congenital myopathies	J47.0	Bronchiectasis w/ acute lower respiratory infection
D84.1	Defects in the complement system	G72.1	Alcoholic myopathy	G12.9	Spinal muscular atrophy, unspecified		
E84.0	Cystic fibrosis w/ pulmonary manifestations	G72.2	Myopathy due to other toxic agents	G71.0	Muscular dystrophy	J47.1	Bronchiectasis w/ (acute) exacerbation
E84.9	Cystic fibrosis, unspecified	G72.89	Other specified myopathies	G71.11	Myotonic muscular dystrophy	M33.02	Juvenile dermatomyositis with myopathy
G12.0	Infantile spinal muscular atrophy, type I	G73.7	Myopathy in diseases classified elsewhere	G71.12	Myotonia congenita	M33.12	Other dermatomyositis with myopathy
G12.1	Other inherited spinal muscular atrophy	G82.50	Quadriplegia, unspecified	G71.13	Myotonic chondrodystrophy	M33.22	Polymyositis w/myopathy
G12.20	Motor neuron disease, unspecified	G82.51	Quadriplegia, C1-C4 complete	G71.14	Drug induced myotonia	M33.92	Dermatopolyomyositis, unspecified with myopathy
G12.21	Amyotrophic lateral sclerosis	G82.52	Quadriplegia, C1-C4 incomplete	G71.19	Other specified myotonic disorders	M34.82	Systemic sclerosis with myopathy
G12.22	Progressive bulbar palsy	G82.53	Quadriplegia, C5-C7 complete	G12.8	Other spinal muscular atrophies and related syndromes	M35.03	Sicca syndrome with myopathy
G12.29	Other motor neuron disease	G82.54	Quadriplegia, C5-C7 incomplete			Q33.4	Congenital bronchiectasis