



## Quick Fax Order

**CANTON**  
(330) 478-3940 Fax  
(330) 478-4100

**AKRON**  
(330) 572-2610 Fax  
(330) 753-8600

**CLEVELAND**  
(216) 642-9795 Fax  
(216) 642-1447

**YOUNGSTOWN**  
(330) 259-0340 Fax  
(330) 743-7400

**Important Note!** Medicare/Medicaid policy prohibits the dispensing of DME equipment until a written order and face-to-face documentation supporting the need for each DME item ordered have been received by the provider. **Confirm the face-to-face date and attach documentation.**

**TO:** Miller's Homecare Client Care Specialist

**FROM:** \_\_\_\_\_

**Face-To-Face Visit Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Order Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Chest: \_\_\_\_\_ Stomach: \_\_\_\_\_ Torso: \_\_\_\_\_

Primary Ins/ID: \_\_\_\_\_ Secondary Ins/ID: \_\_\_\_\_

### HFCWOD – High Frequency Chest Wall Oscillation Device:

- ☐ AffloVest Airway Clearance System (E0483) ☐ Replacement Vest for Customer Owned HFCWOD (A7025)  
☐ Replacement Hose for Customer Owned HFCWOD (A7026)

Length of Need (Months): ☐ 1month ☐ 6 months ☐ Lifetime \_\_\_\_\_ ☐ Other \_\_\_\_\_

ICD-10 Code: Cystic Fibrosis ☐ E84.0 ☐ E84.9 Bronchiectasis Codes ☐ J47.0 ☐ J47.1 ☐ J47.9

Neuromuscular - \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Treatments /Day \_\_\_\_\_ ☐ Minutes/Treatment : \_\_\_\_\_ ☐ Frequencies \_\_\_\_\_ ([soft 5 – 20 Hz [intense]])

☐ Minimum Use Per Day \_\_\_\_\_ (Standard protocol = 2 Treatments for 30 Minutes with Frequency of 5 - 20HZ and 10 Minimum Use per Day)

☐ For Bronchiectasis patients; Date CT Scan confirming Bronchiectasis diagnosis required: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Other Airway Clearance Therapy Tried and Failed. (Other therapies must be clearly documented in Medical Records.)

☐ CPT Manual or Percussor ☐ PEP ☐ Flutter/Acapella ☐ Cough Assist ☐ Breathing/Drainage Techniques

☐ Reasons the Other Airway Clearance Therapy Tried and Failed:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> No Caregiver               | <input type="checkbox"/> Physical Limitation of Caregiver | <input type="checkbox"/> GERD                         |
| <input type="checkbox"/> Can't Tolerate Positioning | <input type="checkbox"/> Physical Limitation of Patient   | <input type="checkbox"/> Aspiration Risk              |
| <input type="checkbox"/> Too Fragile                | <input type="checkbox"/> Cognitive Level                  | <input type="checkbox"/> Young Age                    |
| <input type="checkbox"/> Severe Osteoporosis        | <input type="checkbox"/> Resistance to Therapy            | <input type="checkbox"/> Kyphosis/Scoliosis           |
| <input type="checkbox"/> Spasticity/Contractures    | <input type="checkbox"/> Insufficient Expiratory Force    | <input type="checkbox"/> Inability to Form Mouth Seal |
| <input type="checkbox"/> Artificial Airway          | <input type="checkbox"/> Did Not Mobilize Secretions      |   |

☐ Relevant Medical History from the Past Year

- |  |  |
|--|--|
| <input type="checkbox"/> Resistant Bacteria Found in Sputum    | <input type="checkbox"/> Decline in Pulmonary Function   |
| <input type="checkbox"/> Mucus Plugs                           | <input type="checkbox"/> Physical Limitation of Patient  |
| <input type="checkbox"/> 2+Exacerbations Requiring Antibiotics | <i>If two or more exacerbations, requiring Antibiotics, select</i> <input type="checkbox"/> Oral or <input type="checkbox"/> Intravenous |
| <input type="checkbox"/> Respiratory Infection                 | <input type="checkbox"/> Hospitalizations for Pulmonary Exacerbations  |
| <input type="checkbox"/> ER Visits for Pulmonary Exacerbations | <input type="checkbox"/> Atelectasis   |

**ATTACH MEDICAL RECORDS THAT SUPPORT AND CONFIRM ABOVE STATEMENTS.**

**Special Delivery Instructions:** \_\_\_\_\_

**Physician's Printed Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Telephone:** \_\_\_\_\_