**Medicare Requirements for Bronchiectasis:**

Bronchiectasis (ICD-9 011.50-011.56, 494.0, 494.1, 748.61)

1. **Required:** CT scan confirming diagnosis of Bronchiectasis.

   **AND**

2. **Required:** Daily productive cough documented on two (2) physician notes at least six (6) months apart within the year prior to the date of the order.

   **OR**

3. **Required:** Physician notes documenting exacerbations treated by antibiotics at least three (3) times within the year prior to the date of the order.

   **AND**

3. **Required:** Documentation (chart notes) of another treatment (flutter valve, percussion, postural drainage, breathing techniques, suctioning) tried to mobilize secretions and clearly indicating that the other device has failed.

**Medicare Requirements for CF and Neuromuscular Conditions:**

Cystic Fibrosis (ICD-9 277.00, 277.02)
Late Effects of poliomyelitis (138)
Other deficiencies of circulating enzymes (277.6)
Anterior horn cell diseases (335.0-335.9)
Multiple sclerosis (340)
Quadriplegia (344.00-344.09)
Muscular dystrophy (359.0, 359.1)
Myotonic disorders (359.21-359.29)
Myopathies (359.4, 359.5, 359.6, 359.89)
Disorders of the diaphragm (519.4)

1. **Required:** Documentation (chart notes) of another treatment (flutter valve, percussion, postural drainage, breathing techniques, suctioning) tried to mobilize secretions and clearly indicating why the other device has failed.

**Medicare Requirements for Documentation**

**Revised Medicare Guidelines: Effective for dates of service after March 1, 2010**

Medicare requires that all orders and physician progress notes be signed by the physician. The method used must be a legible, handwritten, full signature with credentials, handwritten initials or electronic signature. Stamped signatures are not acceptable.

Other diagnoses may be approved by Medicare after a claim denial; however, this will be an appeal process. Electromed, Inc. will submit appeals to insurance on behalf of the patient. The patient will utilize the SmartVest® Airway Clearance System while the case is in appeal.

**Questions? Call Electromed, Inc. at 800-462-1045 – Ask for Reimbursement Department**

†Source: [www.Medicare.gov](http://www.Medicare.gov)