OVERVIEW

Using a High Frequency Chest Wall Oscillation (HFCWO) device to treat bronchiectasis reduced hospital visits, related healthcare usage (e.g., emergency room trips) and prescriptions/antibiotic use.

RESULTS

A clinical outcomes study of 59 patients with non-cystic fibrosis bronchiectasis using HFCWO produced encouraging results.

- 57% fewer antibiotic prescriptions
- 60% decrease in emergency room visits
- 58% decrease in number of hospital visits
- 68% of patients reported improved quality of life

BENEFITS OF HFCWO

HFCWO is an encouraging option for treating bronchiectasis.

- Consistently effective airway clearance therapy.
- Treatment monitoring available to connect patients with their healthcare team.
- Alternative methods are largely technique- and effort-dependent.
- Less complicated for caregivers and doesn’t require a certain technique.
USING HIGH FREQUENCY CHEST WALL OSCILLATION
Produces significant results in multiple areas.

<table>
<thead>
<tr>
<th>DECREASE</th>
<th>INCREASE</th>
<th>GOOD–EXCELLENT</th>
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<tbody>
<tr>
<td>▪ Hospitalizations¹⁴</td>
<td>▪ Improvement in dyspnea and quality of life¹</td>
<td>▪ Ability to clear lungs¹</td>
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<td>▪ Office, emergency department and hospital outpatient visits²</td>
<td>▪ Significant increase of Forced Vital Capacity (FVC)³ and Forced Expiratory Volume (FEV) after treatment⁴</td>
<td>▪ Overall respiratory health¹</td>
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<tr>
<td>▪ Prescriptions/antibiotic use³⁴</td>
<td>▪ Improvement in several lung function parameters compared to chest percussion therapy (CPT)⁴</td>
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MEDICARE COVERAGE CRITERIA
FOR HFCWO AIRWAY CLEARANCE THERAPY

BRONCHIECTASIS

PATIENT DIAGNOSED WITH BRONCHIECTASIS:
Confirmed by a standard CT scan, which is characterized by:

a) Daily productive cough for at least six continuous months.

OR

b) Frequent (i.e., three or more in a year) exacerbations requiring antibiotic therapy.

AND

There must be well-documented failure of standard treatments to adequately mobilize retained secretions.

For more information, please contact your Hillrom sales representative at 1-800-426-4224.

respiratorycare.hill-rom.com

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 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.

References

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