

# SmartVest Therapy: Tried and Failed Requirements



When ordering SmartVest, documentation of a *TRIED* and *FAILED* is required by insurances to indicate that another form of airway clearance therapy was **tried** and **failed** to mobilize sputum.

## INSURANCE REQUIREMENTS

Outline of Tried and Failed requirements for Medicare and some commercial payers.

<b>Medicare</b>	"There must be a well-documented failure of standard treatments to adequately mobilize retained secretions." <i>Medicaid often follows Medicare guidelines, but please check with your state for specific requirements.</i>
<b>Anthem BCBS</b>	"Failure of OR inability to use other airway clearance therapies including manual chest physical therapy."
<b>United Healthcare</b>	"Failed standard treatments to adequately mobilize retained secretions."
<b>Aetna</b>	"Well-documented failure of standard treatments to adequately mobilize retained secretions."

*\*Above are a few examples, not all insurers are listed*



Chest physiotherapy (CPT) is the most accepted tried and failed.

Example:

1. CPT was attempted but patient was unable to tolerate therapy treatment.
2. CPT was attempted but found to be ineffective at mobilizing secretions.

## OTHER METHODS OF TRIED AND FAILED

<b>Breathing Techniques</b>	<ul style="list-style-type: none"><li>» Huff Cough</li><li>» Active Cycle of Breathing</li><li>» Exercise</li></ul>
<b>Devices</b>	<ul style="list-style-type: none"><li>» Positive Expiratory Pressure</li><li>» Oscillating Positive Expiratory Pressure</li><li>» Suctioning</li><li>» Incentive Spirometry</li><li>» Cough Assist</li></ul>
<b>Pharmacological</b>	<ul style="list-style-type: none"><li>» Hypertonic Saline</li><li>» Acetylcysteine</li></ul>

# DOCUMENTATION EXAMPLES

All SmartVest orders require documentation of a *Tried and Failed*

## TRIED AND FAILED

- Other form of airway clearance therapy has been tried.
- Other form of airway clearance therapy has **FAILED**.

### Examples:

*"Despite proper use of OPEP device, patient continues to struggle with mobilization of thick secretions."*

*"Manual CPT therapy has been attempted, but it was ineffective and failed at mobilizing secretions; patient was unable to tolerate."*

*"Patient is unable to mobilize secretions with breathing techniques and cannot tolerate manual CPT."*

Additional documentation needed for a **BRONCHIECTASIS** diagnosis

## CONFIRMATION OF BRONCHIECTASIS

- HRCT confirming the presence of bronchiectasis  
Addendums confirming the presence of bronchiectasis are accepted with (1) reference to the date of the HRCT, and (2) inclusion of the HRCT report.

Documentation of **ONE** of the below two options: *Cough Note* or *Antibiotics List*



-OR-



### DAILY PRODUCTIVE COUGH NOTE

- Cough note documenting 3 (three) specifics:
  - Daily / chronic / continuous
  - Productive / sputum producing
  - More than 6 months / at least 6 months

### ANTIBIOTICS FOR EXACERBATIONS

- List at least three antibiotics prescribed in the last 12 months for separate exacerbations.

### Cough note examples:

*"Patient has had a daily productive cough for more than 6 months."*

*"Patient has a chronic cough producing yellow-green sputum for the past 9 months."*

