Medical Coverage Policy | Home Spirometry

EFFECTIVE DATE: 07/01/1999
POLICY LAST UPDATED: 09/17/2013

OVERVIEW
The policy documents coverage determination on home spirometry devices for the monitoring of pulmonary function in the home.

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products:

Home spirometry is considered not medically necessary as there is not sufficient published, peer-reviewed, scientific literature that demonstrates that the procedure is effective.

MEDICAL CRITERIA
None

BACKGROUND
Home spirometry devices allow for the monitoring of pulmonary function in the home. Their primary proposed use is by lung transplant recipients to aid in the early diagnosis of infection and rejection. They can potentially also be used in other situations that require pulmonary function monitoring.

In the immediate post-operative period, lung transplant recipients must be carefully monitored for the development of either rejection episodes or infectious complications. Monitoring techniques include complete pulmonary function testing, serial chest x-rays, bronchioalveolar lavage, and transbronchial biopsy. Transbronchial biopsy is thought to be the only objective method of distinguishing between these 2 common complications. Transbronchial biopsy is typically performed on a routine schedule, with additional biopsies performed if the patient becomes symptomatic. Home spirometry is proposed as a technique to provide daily monitoring to promptly identify presymptomatic patients who may benefit from a diagnostic transbronchial biopsy.

Home spirometry uses battery-operated spirometers that permit regular daily measurement of pulmonary function in the home, typically forced expiratory volume in 1 second (FEV-1) and forced vital capacity (FVC). The device has been primarily investigated among lung transplant recipients as a technique to provide early diagnosis of infection and rejection. Home spirometry may also be referred to as ambulatory spirometry.

There is little published clinical data to support scientific conclusions regarding the use of home monitoring of FEV-1 and FVC. Specifically, there are inadequate data to determine how reductions in FEV-1 and FVC relate clinical symptoms, and how this information can be used to determine the necessity of transbronchial biopsies. This policy is not intended to address peak flow meters.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage.

CODING

The following codes are not medically necessary for BlueCHiP for Medicare and Commercial products:

94014
94015
94016

RELATED POLICIES

None

PUBLISHED

Provider Update	Nov 2013
Provider Update	Jul 2012
Provider Update	Sep 2011
Provider Update	Oct 2010
Provider Update	Jun 2009

REFERENCES

Blue Cross Blue Shield Association Medical Policy Reference Manual. Home Spirometry. 2.01.33.

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