Medical Coverage Policy | Home Spirometry

EFFECTIVE DATE: 07|01|1999
POLICY LAST UPDATED: 09|01|2015

OVERVIEW
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.

MEDICAL CRITERIA
Not applicable

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 service is effective.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

BACKGROUND
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 are few studies on home spirometry use and most of the available literature did not evaluate the impact of home spirometry use on health outcomes. The evidence is insufficient that home spirometry improves the net health outcome and thus the technology is considered not medically necessary.

CODING
BlueCHiP for Medicare and Commercial Products
The following codes are **not medically necessary**:

94014
94015
94016

RELATED POLICIES
Not applicable

PUBLISHED
Provider Update, November 2015
Provider Update, September 2014
Provider Update, November 2013
Provider Update, July 2012
Provider Update, September 2011
Provider Update, October 2010
Provider Update, June 2009

REFERENCES

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2. Fracchia C, Callegari G, Volpato G et al. Monitoring of lung rejection with home spirometry. Transplant Proc 1995; 27(3):2000-1.

3. Adam TJ, Finkelstein SM, Parente ST et al. Cost analysis of home monitoring in lung transplant recipients. Int J Technol Assess Health Care 2007; 23(2):216-22.

4. Kugler C, Fuehner T, Dierich M et al. Effect of adherence to home spirometry on bronchiolitis obliterans and graft survival after lung transplantation. Transplantation 2009; 88(1):129-34.

5. Guihot A, Becquemin MH, Couderc LJ et al. Telemetric monitoring of pulmonary function after allogeneic hematopoietic stem cell transplantation. Transplantation 2007; 83(5):554-60.

6. Brouwer AF, Roorda RJ, Brand PL. Comparison between peak expiratory flow and FEV(1) measurements on a home spirometer and on a pneumotachograph in children with asthma. Pediatr Pulmonol 2007; 42(9):813-8.