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.

PRIOR AUTHORIZATION
Not applicable.

POLICY STATEMENT
Blue CHiP for Medicare and Commercial
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
Not applicable.

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.

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

CODING
BlueCHiP for Medicare and Commercial
The following codes are not medically necessary:
94014, 94015, 94016
RELATED POLICIES
Not applicable.

PUBLISHED
Provider Update  Sep 2014
Provider Update  Nov 2013
Provider Update  Jul 2012
Provider Update  Sep 2011
Provider Update  Oct 2010
Provider Update  Jun 2009

REFERENCES


