

## Home Spirometry, DME 23

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<u>Effective Date</u>	06/2008
<u>Next Review Date</u>	06/2025
<u>Coverage Policy</u>	DME 23
<u>Version</u>	3

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

**Purpose:**

This policy addresses Home Spirometry.

**Description & Definitions:**

Home Spirometry is a service using a non-invasive, battery-operated spirometers to permit regular daily measurement of pulmonary function in the home, by forced expiratory volume in one second (FEV-1) and forced vital capacity (FVC).

**Criteria:**

Home Spirometry is considered medically necessary for **all of the following**:

- Individual has had a double lung transplant.

**Coding:**

Medically necessary with criteria:

Coding	Description
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional

Considered Not Medically Necessary:

Coding	Description
	None

## Document History:

### Revised Dates:

- 2019: September
- 2011: September

### Reviewed Dates:

- 2024: June – no changes
- 2022: June
- 2021: July
- 2020: July
- 2019: April
- 2018: March
- 2017: January
- 2016: June
- 2015: June
- 2014: June
- 2013: June
- 2012: June
- 2011: June
- 2010: June
- 2009: July

### Effective Date:

- June 2013

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023, Sep 21). Retrieved May 17, 2024, from MCG: <https://careweb.careguidelines.com/ed27/index.html>

(2024). Retrieved May 17, 2024, from Department of Medical Assistance Services - MES Public Portal: <https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=Spirometry&gsc.sort=>

(2024). Retrieved May 17, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Spirometry&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2024). Retrieved May 17, 2024, from National Comprehensive Cancer Network: <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=Spirometry>

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[https://www.google.com/search?q=lung+transplant+home+spirometry&safe=strict&sca\\_esv=d6c2da0847de0b9a&sca\\_upv=1&rlz=1C1GCEJ\\_enUS1093US1093&sxsrf=ADLYWILm4HngNODa4ZKJ3s-oU16N1ZqmXA:1716215404996&ei=bF5LZt2NPPyf5NoPkfmbwA4&start=0&sa=N&ved=2ahUKEwj88nMuJyGA](https://www.google.com/search?q=lung+transplant+home+spirometry&safe=strict&sca_esv=d6c2da0847de0b9a&sca_upv=1&rlz=1C1GCEJ_enUS1093US1093&sxsrf=ADLYWILm4HngNODa4ZKJ3s-oU16N1ZqmXA:1716215404996&ei=bF5LZt2NPPyf5NoPkfmbwA4&start=0&sa=N&ved=2ahUKEwj88nMuJyGA)

LCD: Transtelephonic Spirometry (L34541). (2023, Oct 05). Retrieved May 17, 2024, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34541&ver=19&keyword=Spirometry&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Pre-Market Notification - Spirometry. (2024, May 20). Retrieved May 20, 2024, from U.S. Food and Drug Administration:

[https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?start\\_search=1&Center=&Panel=&ProductCode=&KNumber=&Applicant=&DeviceName=spirometry&Type=&ThirdPartyReviewed=&ClinicalTrials=&Decision=&DecisionDateFrom=&DecisionDateTo=05%2F20%2F2024&IVDP](https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm?start_search=1&Center=&Panel=&ProductCode=&KNumber=&Applicant=&DeviceName=spirometry&Type=&ThirdPartyReviewed=&ClinicalTrials=&Decision=&DecisionDateFrom=&DecisionDateTo=05%2F20%2F2024&IVDP)

Remotely supervised spirometry versus laboratory-based spirometry during the COVID-19 pandemic: a retrospective analysis. (2024, Jan 18). Retrieved May 20, 2024, from PubMed:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10797720/>

### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

#### MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

### Keywords:

SHP Home Spirometry, SHP Durable Medical Equipment 23D, DME, Home Spirometry, Forced Expiratory Volume, FEV-1, Forced Vital Capacity, FVC, double lung transplant