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SHP Home Spirometry

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MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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).

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of Home Spirometry for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Home Spirometry is considered medically necessary for **ALL** of the following:
 - Individual has had a double lung transplant

Document History

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- Revised Dates:
 - 2019: September
 - 2011: September
- Reviewed Dates:
 - 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 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 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
 - CPT 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)
 - CPT 94016 - Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved May 17, 2022, from CMS LCD: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Home+Spirometry&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

(2022). Retrieved May 17, 2022, from Hayes: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Home%2520Spirometry%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522>

(2022). Retrieved May 17, 2022, from MCG 25th Edition: <https://careweb.careguidelines.com/ed25/index.html>

(2022). Retrieved May 17, 2022, from The American Lung Association: <https://www.lung.org/search?term=home+spirometry#stq=home%20spirometry%20lung%20transplant&stp=1>

Chronic lung allograft dysfunction: Bronchiolitis obliterans syndrome. (2021, Oct 4). Retrieved May 17, 2022, from UpToDate: https://www.uptodate.com/contents/chronic-lung-allograft-dysfunction-bronchiolitis-obliterans-syndrome?search=Home%20Spirometry&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4

Manuals. (2022, Jan). Retrieved May 17, 2022, from DMAS: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Standardized Home Spirometry Method in Normal Population. (2022). Retrieved May 17, 2022, from ClinicalTrials.gov: <https://clinicaltrials.gov/ct2/show/NCT03945500>

Codes

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CPT® : 94014, 94015, 94016

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