



UM-CDG-093 Transtelephonic Spirometry

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address transtelephonic spirometry. Spirometry is a non-invasive technique that measures the vital capacity, forced expired volume in one second, and rates airflow at various lung volumes. Measurement of the forced vital capacity and corresponding flow rates is the most commonly used test to detect the presence of lung disease and to monitor changes in severity and response to treatment.

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 physician review and interpretation.

The use of peak flow meters by patients, and their recording and reporting of the results to their physician, has been a standard means of monitoring patients with pulmonary dysfunction at home.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

SECUR Health Plan recognizes that transtelephonic spirometry has also been investigated in lung heart-lung transplant recipients who underwent monitoring of lung rejection with home spirometry. Scientific conclusions support the utility of home monitoring in this clinical setting. Home spirometry and telespirometry are considered reasonable and medically necessary for lung transplant recipients when the following is met:

1. Lung transplant patient
2. Adherence to home spirometry measurements of $\geq 80\%$. This is defined by transmission of data at least 80% of the time.
3. If patient is non-compliant* then they are not eligible for further home spirometry services.

Non-compliance is defined as no measurements or transmitted for 7 consecutive days x 2. If they are non-compliant for one week the coordinator can reach out and offer education. If non-compliance continues (no

measurement for 7 days) then the service will no longer be eligible for coverage.

Home spirometry and telespirometry is considered experimental and investigational for all other indications (asthma, idiopathic pulmonary fibrosis, and persons with other chronic pulmonary diseases/disorders (e.g., emphysema)) because there is a lack of evidence that it will improve the care of persons with these disorders.

References:

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