



## PROVIDER POLICIES & PROCEDURES

### ELECTRONIC SPIROMETRY FOR HOME USE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for an electric spirometer. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

An electric spirometer is an instrument used for measuring the air entering and leaving the lungs and can assist in determining lung function or aid in diagnosing pulmonary disease.

#### CLINICAL GUIDELINE

Coverage guidelines for an electric spirometer will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of a home electric spirometer may be considered medically necessary for lung transplant recipients.

**The use of an electric spirometer in the home setting for any other indication is considered investigational and therefore not medically necessary as there is insufficient evidence in peer-reviewed, published medical literature supporting the clinical efficacy in the home setting.**

#### NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

#### PROCEDURE

Prior authorization for an electric spirometer is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information. **If the device is determined to be medically necessary, prior authorization will be given for a three-month rental period. Subsequent requests will be reviewed using the Durable Medical Equipment (DME) Rent to Purchase Policy**

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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**The following information is needed to review requests for an electric spirometer:**

1. Fully completed authorization request via on-line web portal;
2. A signed prescription, written within the past three months, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP);
3. Documentation from the treating provider, written within the past three months, as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for an electric spirometer device; and
4. Pricing information as outlined in the [\*DSS Pricing Policy for MEDS Items\*](#).

**EFFECTIVE DATE**

This Clinical Guideline is effective for prior authorization requests for individuals covered under the HUSKY A, B, C, and D programs on or after February 01, 2026.

**LIMITATIONS**

N/A

**CODES:**

Code	Description
E0487	Spirometer, electronic, includes all accessories

**DEFINITIONS**

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-

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2

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specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors: (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.

8. **Prior authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## **ADDITIONAL RESOURCES AND REFERENCES:**

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- Graham BL, Steenbruggen I, Miller MR, et al. Standardization of Spirometry 2019 Update. An Official American Thoracic Society and European Respiratory Society Technical Statement. *Am J Respir Crit Care Med.* 2019;200(8):e70-e88. doi:10.1164/rccm.201908-1590ST
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- Oppenheimer J, Hanania NA, Chaudhuri R, et al. Clinic vs Home Spirometry for Monitoring Lung Function in Patients With Asthma. *Chest.* 2023;164(5):1087-1096. doi:10.1016/j.chest.2023.06.029

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- UpToDate. An overview of asthma management in children and adults. Tina Hartert, M.D., MPH, Leonard B Bacharier, M.D. Topic last updated September 30, 2024. Literature review current through June 2025.
- UpToDate. Chronic lung allograft dysfunction: Bronchiolitis obliterans syndrome. Joseph Pilewski, M.D. Topic last updated February 24, 2025. Literature review current through June 2025.
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## PUBLICATION HISTORY

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4

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