

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2026
	Subject: Coverage criteria for MDI Spacer

MDI Spacer Coverage Criteria (HCPCS A4627)

1. Purpose

This policy outlines the coverage criteria for spacer devices for use with the metered-dose inhaler.

2. Coverage Criteria

Members aged 21 and over

This is not a covered item.

Members aged 20 and Under

To be eligible for coverage, the following must be met.

- The member is using or has been prescribed a metered dose inhaler prescribed by the member's physician.
- The use of the spacer device is medically necessary for medication administration.

3. Quantity Limits

2 per year.

4. Authorization Requirements

Prior authorization is not required when the above criteria are met.

For individuals aged 20 and under who do not meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

5. Reimbursement

Montana Healthcare Programs will reimburse A4627 at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with ARM 37.86.1807 when the above criteria are met. Providers must refer to the Durable Medical Equipment Fee Schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.