

## Exhaled Nitric Oxide Testing for the Diagnosis and Management of Asthma

### MPM 5.5

**Disclaimer** Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

**Description** Accurate assessment of lung inflammation is important in the clinical diagnosis and management of a variety of pulmonary conditions, including asthma. Conventional measures of asthma diagnosis utilize the combined assessments of patient and family history, symptoms, use of rescue medication, and lung function (spirometry). However, lung function tests focus on abnormal airway physiology and airflow obstruction, without evaluating the degree of airway inflammation. Nitric oxide, which is normally produced by the human respiratory tract mucosa, is believed to be a powerful mediator involved in airway inflammation. Elevated levels of nitric oxide in exhaled air serve as markers of airway inflammation.

Exhaled nitric oxide testing has been investigated as an adjunct to established clinical and laboratory assessments of asthma, such as asthma symptom scores and spirometry, for diagnosing asthma, predicting response to inhaled corticosteroid treatment and upcoming exacerbations, and verifying adherence to therapy.

**Coverage Determination** This technology has been reviewed by the Technology Assessment Committee and the Medical Policy Committee.

PHP has determined that exhaled nitric oxide testing for the diagnosis and management of asthma has not been shown to improve outcomes. **It is not a covered benefit.**

**Coding** The coding listed in this Medical Policy is for reference only. Covered and non-covered procedures are within this list.

CPT Codes	Description
95012	Nitric oxide expired gas determination
94799	Unlisted pulmonary service or procedure

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<b>ICD-9© Diagnosis Codes</b>	<b>Description</b>
493.01	Extrinsic asthma with status asthmaticus
493.02	Extrinsic asthma with (acute) exacerbation
493.11	Intrinsic asthma with status asthmaticus
493.12	Intrinsic asthma with (acute) exacerbation
493.21	Chronic obstructive asthma with status asthmaticus
493.22	Chronic obstructive asthma with (acute) exacerbation

**References:** 1. Hayes Directory. Copyright © Winifred S. Hayes, Inc. 2007. Nitric Oxide Breath Analysis for the Diagnosis and Management of Asthma. August 28, 2007. Update Search: October 12, 2009.

**Approval Signatures:** **Medical Policy Committee:** Mark Whitaker, MD

**Medical Director:** Albert Rizzoli, MD

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08-25-10: Review

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

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