Exhaled Nitric Oxide Testing for: 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

Purpose of Technology: The measurement of nitric oxide (NO) concentration in expired breath has been introduced as an adjunct to or replacement for the established clinical and laboratory assessments for the diagnosis and/or management of asthma.

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 (NO), 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 establish 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

Presbyterian follows Hayes “Nitric Oxide Breath Analysis for the Diagnosis of Asthma”. Providers may request a copy of the Hayes rating from the Prior Authorization staff. Based on Hayes determination, PHP considers Exhaled Nitric Oxide Testing for Asthma experimental and investigational therefore considered non-covered.

Coding

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

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Non-Covered CPTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>95012</td>
<td>Nitric oxide expired gas determination</td>
</tr>
<tr>
<td>94799</td>
<td>Unlisted pulmonary service or procedure</td>
</tr>
</tbody>
</table>

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. [MPMPPC051001]
Exhaled Nitric Oxide Testing for: Diagnosis and Management of Asthma
MPM 5.5

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-10 Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J45.20 – J45.998</td>
<td>Asthma</td>
</tr>
<tr>
<td>J44.0 – J44.9</td>
<td>Other chronic obstructive pulmonary disease</td>
</tr>
</tbody>
</table>

References:


Approval Signatures:

Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD
Medical Director: Norman White MD

Approval Date: July 31, 2019

Publication History:

09-27-17: Annual Review. Accessed Hayes on 8-15-27. Now divided into 2 policies for NO Breath Analysis for the Diagnosis of Asthma (Hayes rated D1,D2) and NO Breath Analysis for the Management of Asthma (Hayes rated C).
07-31-19: Annual review. Management of Asthma remains at a C rating; D1 rating for diagnosis of asthma; and D2 rating for diagnosis of Eosinophilic airway inflammation. No change to policy. Updated references

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 online at: [Click here for Medical Policies]

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. [MPMPPC051001]