

# Inhaled Nitric Oxide



## Medical Coverage Policy

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**Change Summary:** Updated Description, Coverage Determination, Coverage Limitations, References

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### Disclaimer

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### Description

Inhaled nitric oxide (iNO) is a pulmonary vasodilator, used for the treatment of hypoxic respiratory failure associated with persistent pulmonary hypertension of the newborn (PPHN). PPHN occurs after birth when there is increased pulmonary vascular resistance that causes right-to-left shunting of blood leading to severe hypoxemia. PPHN is often associated with pulmonary parenchymal abnormalities such as alveolar capillary dysplasia, lung hypoplasia, meconium aspiration, pneumonia and sepsis. In some neonates, there is no evidence of parenchymal disease and the cause is unknown.<sup>6</sup>

When nitric oxide is inhaled, pulmonary vasodilation occurs and an increase in the partial pressure of arterial oxygen results. Dilation of pulmonary vessels in well ventilated lung areas redistributes blood flow away from lung areas where

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ventilation to perfusion ratios are poor. Examples of commercially available brands of nitric oxide include, but may not be limited to, GENOSYL, INOmax and Noxivent.

iNO is most often utilized in conjunction with ventilatory support in term or near-term (at or greater than 34 weeks gestation) neonates (28 days of age or younger) to improve oxygenation and decrease the need for extracorporeal membrane oxygenation (ECMO). iNO may also be administered to infants and children for postoperative management of pulmonary hypertension. Another established use for iNO is with acute vasoreactivity testing for pulmonary arterial hypertension. It is performed during right heart catheterization procedures to determine how much the pulmonary blood vessels can relax over a period of time and help identify individuals who might respond favorably to calcium channel blockers.

Other proposed uses for iNO include, but may not be limited to, acute respiratory distress syndrome in adults, bronchopulmonary dysplasia or for treatment of pain related to sickle cell disease. **(Refer to Coverage Limitations section)**

## **Coverage Determination**

**Commercial Plan members: requests for iNO therapy greater than 14 days require review by a medical director.**

Humana members may be eligible under the Plan for the use of **iNO** in conjunction with ventilatory support when the following criteria are met:

- [Neonate](#) at or greater than 34 weeks gestation; **AND**
- Failure of, contraindication or intolerance to conventional therapy (eg, high concentrations of oxygen, high frequency ventilation, hyperventilation, induction of alkalosis, neuromuscular blockade and sedation); **AND**
- Hypoxic respiratory failure associated with clinical or echocardiographic evidence of PPHN; **AND**
- Maximum duration of treatment is 14 days or until oxygen desaturation has been resolved, whichever occurs first

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Humana members may be eligible under the Plan for the use of **iNO** for postoperative management of pulmonary hypertension in infants and children with congenital heart disease.

Humana members may be eligible under the Plan for the use of **iNO** for acute vasoreactivity testing in pulmonary arterial hypertension.

*Coverage  
Limitations*

Humana members may **NOT** be eligible under the Plan for the use of **iNO** for any indications other than those listed above including, but not limited to:

- Acute respiratory distress syndrome in an adult; **OR**
- Acute vasoreactivity testing in an individual with pulmonary veno-occlusive disease (PVOD); **OR**
- Bronchopulmonary dysplasia; **OR**
- Chronic obstructive pulmonary disease (COPD); **OR**
- Hepatopulmonary syndrome; **OR**
- Neonatal respiratory distress syndrome without PPHN; **OR**
- [Neonate](#) less than 34 weeks gestation; **OR**
- [Neonate](#) with unrepaired congenital diaphragmatic hernia (CDH); **OR**
- Prevention of primary graft dysfunction following lung transplantation; **OR**
- Treatment of pain crisis in sickle cell disease

This is considered experimental/investigational as it is not identified as widely used and generally accepted for any other proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

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**Background** Additional information about **pulmonary hypertension** may be found from the following websites:

- [American Heart Association](#)
- [American Lung Association](#)
- [National Heart, Lung and Blood Institute](#)
- [National Library of Medicine](#)

**Medical Alternatives** Physician consultation is advised to make an informed decision based on an individual's health needs.

Humana may offer a disease management program for this condition. **The member may call the number on his/her identification card to ask about our programs to help manage his/her care.**

**Provider Claims Codes** Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

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No code(s) identified

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