

## Nitric Oxide Therapy - Inhaled (INO Therapy)

Date of Origin: 04/2011Last Review Date: 10/28/2020Effective Date: 11/02/2020

Dates Reviewed: 3/12, 12/12, 11/13, 09/14, 10/15, 11/16, 10/2017, 10/2018, 10/2019, 10/2020

Developed By: Medical Necessity Criteria Committee

#### I. Description

Inhaled nitric oxide (INO) improves gas exchange, decreases inflammation, and is a selective pulmonary vasodilator. It was approved by the FDA in 1999 as a treatment for persistent pulmonary hypertension in infants. Its use has expanded to other conditions such as management of pulmonary hypertension in repair of congenital heart disease and during heart catheterization to determine pulmonary vasoreactivity. INO therapy is used in conjunction with ventilatory support to treat pulmonary hypertension in neonatal patients, post meconium aspiration, and related birth defects.

#### II. Criteria: CWQI HCS-0038

A. Moda Health considers INO therapy medically necessary for **1 or more** of the following conditions:

- a. Hypoxic respiratory failure in term and near-term infants with a gestational age of at least
  34 weeks when All of the following criteria are met:
  - i. Absence of a congenital diaphragmatic hernia; and
  - ii. Failure, contraindication to, or intolerance to conventional therapy (high-frequency ventilation, high concentrations of oxygen, hyperventilation, alkalosis induction, neuromuscular blockade, or sedation) or is expected to fail.
- b. Diagnostic use of INO as a method of assessing pulmonary vasoreactivity in patients with pulmonary hypertension.
- c. For postoperative management of pulmonary hypertensive crisis in infants and children with congenital heart disease.
- B. NOTE INO therapy is considered medically necessary for no longer than 14 days if the oxygen desaturation has been resolved. Refer to the medical director if INO therapy is requested for more than 14 days
- C. Moda Health considers all other indications for INO therapy experimental and investigational. INO for indications other than those listed above have not been identified as widely used and generally accepted in nationally recognized peer-reviewed medical literature

# III. Information Submitted with the Prior Authorization Request:

- 1. Chart notes from ordering specialist including history and physical
- 2. Treatment history
- 3. Treatment plan

# IV. CPT or HCPC codes covered:

Codes	Description	
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for	
	assisted or controlled breathing; hospital inpatient/observation, initial day	
94003	003 Ventilation assist and management, initiation of pressure or volume preset ventilators f	
	assisted or controlled breathing; hospital inpatient/observation, each subsequent day	
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for	
	assisted or controlled breathing; nursing facility, per day	

### V. Annual Review History

Review Date	Revisions	Effective Date
12/2012	Annual Review: Added table with review date, revisions, and effective	
	date.	
11/13	Annual Review: No change	11/27/2013
09/14	Annual Review: No change	09/30/2014
07/15	Added ICD-9 and ICD-10 Codes	07/2015
10/15	Annual Review: changed title to Nitric Oxide Therapy – Inhaled, no	10/28/2015
	change to criteria; added ICD10 codes	
11/16	Annual Review – removed ICD-9 codes	11/30/2016
10/2017	Annual Review – moved to new template	10/25/2017
10/2018	Annual Review- no changes	10/2018
10/2019	Annual Review: No changes	11/01/2019
10/2020	Annual Review: No changes	11/02/2020

#### **VI.** References

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- 22. Physician Advisors

### Appendix 1 – Applicable Diagnosis Codes:

Codes	Description	
127.0	Primary pulmonary hypertension	
127.1	Kyphoscoliotic heart disease	
127.2	Other secondary pulmonary hypertension	
127.82	Chronic pulmonary embolism	
127.89	Other specified pulmonary heart diseases	
197.3	Postprocedural hypertension	
P07.36	Preterm newborn, gestational age 33 completed weeks	
P07.37	Preterm newborn, gestational age 34 completed weeks	
P07.38	Preterm newborn, gestational age 35 completed weeks	
P07.39	Preterm newborn, gestational age 36 completed weeks	
P22.0	Respiratory distress syndrome of newborn	
P24.01	Meconium aspiration with respiratory symptoms	
P28.5	Respiratory failure of newborn	
P29.3	Persistent fetal circulation	
P36.9	Bacterial sepsis of newborn, unspecified	
P84	Other problems with newborn	
Q33.1	Accessory lobe of lung	
Q33.2	Sequestration of lung	
Q33.3	Agenesis of lung	
Q33.4	Congenital bronchiectasis	
Q22.5	Ectopic tissue in lung	
Q33.6	Congenital hypoplasia and dysplasia of lung	

Q33.8	Other congenital malformations of lung	
Q33.9	Congenital malformation of lung, unspecified	
Q34.0	Anomaly of pleura	
Q34.1	Congenital cyst of mediastinum	
Q34.8	Other specified congenital malformations of respiratory system	
Z98.89	Other specified postprocedural states	

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <u>http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx</u>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8

NCD/LCD Document (s):

#### NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions					
Jurisdiction	Applicable State/US Territory	Contractor			
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC			