Inhaled Nitric Oxide

Humana

Medicaid Medical Coverage Policy

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Line of Business: Medicaid
State(s): SC

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Description

Inhaled nitric oxide (iNO) is a colorless, odorless gas used as a selective pulmonary vasodilator and administered through inhalation. US Food & Drug Administration (FDA) approved brands of nitric oxide include, but not limited to, **GENOSYL**, **INOmax** and **Noxivent** and are currently approved for the treatment of persistent pulmonary hypertension of the newborn (PPHN) to improve oxygenation and reduce the need for extracorporeal membrane oxygenation (ECMO).

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.[4]

In acute vasoreactivity testing (VRT), iNO is intended to identify an individual who have pulmonary arterial hypertension (PAH) related to increased pulmonary vascular tone and are likely to respond to treatment using calcium channel blockers.[7]

Coverage Determination

Humana members may be eligible under the Plan for the administration of **iNO** for the following indications:

- Postoperative management of pulmonary hypertension in infants and children associated with congenital heart disease[6]; **OR**
- Vasoreactivity testing (VRT) in an adult to evaluate PAH to determine if the individual might benefit from calcium channel blocker therapy[7,14,20]; **OR**
- Term or near team infant (born at 34 weeks gestation or greater)[8,9] for the following indications:
    - Hypoxic respiratory failure associated with clinical or echocardiographic evidence of persistent pulmonary hypertension of the newborn (PPHN)[2,5,6,8,9,15]; **AND**
    - Failure, contradiction or intolerance of conventional therapy (eg, administration of high concentrations of oxygen, alkalizing agents, high frequency ventilation, hyperventilation, neuromuscular blockade, sedation, vasodilators)[11]; **AND**
    - Absence of congenital diaphragmatic hernia (CDH)[4,6,15,13]; **AND**
    - Maximum duration of treatment is 14 days or until oxygen desaturation has been resolved, whichever occurs first[6,9]

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for the **administration of iNO** for any indications other than those listed above. All other indications are considered not medically necessary.

A review of the current medical literature shows that the **evidence is insufficient** to determine that this service is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Coding Information

Any codes listed on this 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**
No code(s) identified		

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22. US Food & Drug Administration (FDA). INOMAX (nitric oxide) gas, for inhalation. https://fda.gov. Revised January 2023.

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Change Summary

01/01/2025 New Policy
09/02/2025 Annual Review, Coverage Change.