



ADMINISTRATIVE POLICY STATEMENT OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Inhaled Nitric Oxide for Neonates		AD-0835	03/01/2021-11/30/2021
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

Administrative Policy Statement.....	1
A. Subject.....	2
B. Background.....	2
C. Definitions.....	2
D. Policy.....	2
E. Conditions of Coverage.....	3
F. Related Policies/Rules.....	3
G. Review/Revision History.....	3
H. References.....	3



A. Subject

Inhaled Nitric Oxide for Neonates

B. Background

Nitric oxide (NO) is a lipophilic gas that is naturally produced in numerous cells in the body and is readily absorbed across pulmonary membranes in the ventilated lung after inhalation. When administered via inhalation, it is a potent endogenous vasodilator that induces relaxation of vascular and bronchial smooth muscle and vasodilatation of blood vessels. Inhaled nitric oxide (INO) has been used in conjunction with ventilator support as a treatment of hypoxic respiratory failure associated with persistent pulmonary hypertension of the newborn (PPHN), in term or near-term (greater than 34 weeks gestation) neonates to improve oxygenation and decrease the need for extracorporeal membrane oxygenation (ECMO).

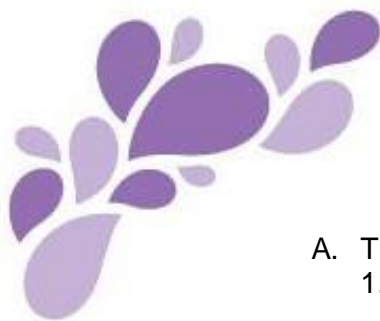
CareSource reviews claims prior to payment against the medical criteria found in the medical policy. The claims review is used to detect, prevent and correct fraud, waste and abuse and to facilitate accurate claim payments. Physicians and other healthcare professionals may have the right to appeal results of reviews.

C. Definitions

- **Prepayment claims review** - claims are reviewed prior to payment against the CareSource medical policy to ensure services were medical necessity and met the criteria found in the medical policy.
- **Extracorporeal membrane oxygenation (ECMO)** - is temporary support of heart and lung function by partial cardiopulmonary bypass (up to 75% of cardiac output). It is used for patients who have reversible cardiopulmonary failure from pulmonary, cardiac or other disease.
- **Nitric oxide** - nitric oxide (NO), also called nitrogen monoxide, colorless lipophilic gas that is formed by the oxidation of nitrogen. Nitric oxide performs important chemical signaling functions in humans and other animals and has various applications in medicine.
- **Persistent pulmonary hypertension of the newborn (PPHN)** - is a serious disorder in which the blood flow and the amount of oxygen in the bloodstream is limited due to constriction of the arteries of the lungs after delivery.
- **Hypoxic respiratory failure** - is a serious condition that develops when the lungs can't get enough oxygen into the blood to reach the tissues of the body.
- **Oxygen Index** - oxygenation index is used to assess severity of hypoxic respiratory failure (HRF) and persistent pulmonary hypertension of the newborn (PPHN). The OI is calculated as the mean airway pressure divided by the partial pressure of arterial oxygen times 100.

D. Policy

- I. When nitric oxide is used for neonates, a claim review will be completed prior to claim adjudication.



- A. The claim will be reviewed through the following process:
1. A claims analyst will identify the use of nitric oxide based on the claim information submitted.
 2. An appropriate medical reviewer will review the claim information and any attached medical documentation against the medical criteria found in the CareSource Medical Policy Inhaled Nitric Oxide for Neonates.
 3. The review will verify that the use of nitric oxide meets the medical necessity guidelines per CareSource Medical Policy Inhaled Nitric Oxide for Neonates. The recommendation will provide a determination to either approve or deny the use of nitric oxide.
- B. The claims prepayment review team is made up of claims analysts and coding specialists. In addition to the medical necessity review, the team reviews the claim based on criteria including, but not limited to:
1. Services were provided according to CareSource policy requirements.
 2. Billed services were medically necessary and appropriate, and not in excess of the member's need.
 3. Members were benefit eligible on the date the services were provided.
 4. Providers and their staff were qualified as required by state and federal law.
 5. The provider possessed the proper license, state certification, or other accreditation requirements specific to the provider's scope of practice at the time the service was provided to the member.
- II. Providers whose claims are determined not payable may submit either a new corrected claim, or an appeal, whichever is appropriate, within timely filing limitations as outlined in their provider manual.

E. Conditions of Coverage

F. Related Policies/Rules

Inhaled Nitric Oxide for Neonates

G. Review/Revision History

DATES		ACTION
Date Issued	10/28/2020	New policy
Date Revised		
Date Effective	03/01/2021	
Date Archived	11/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

N/A

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.