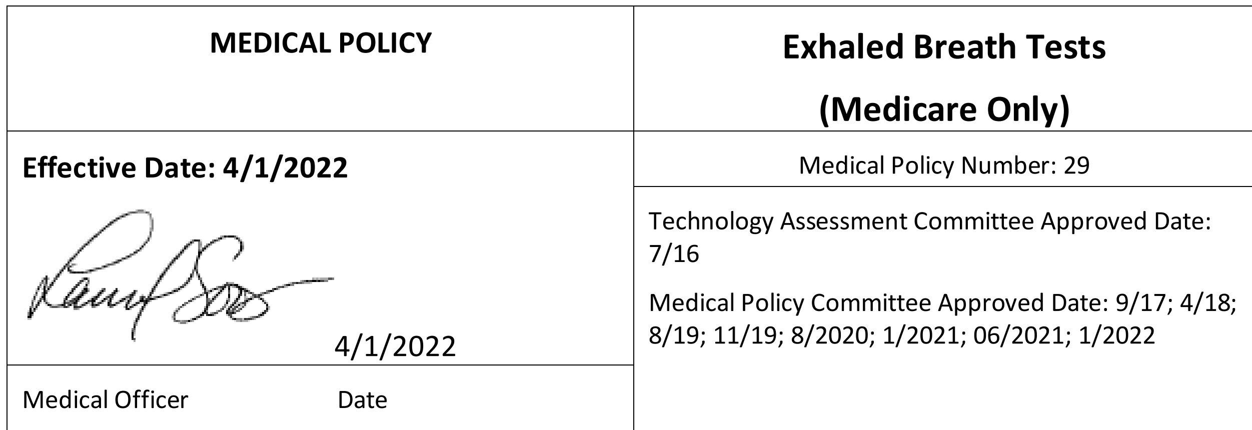

MEDICAL POLICY	Exhaled Breath Tests (Medicare Only)
Effective Date: 4/1/2022	Medical Policy Number: 29
4/1/2022	Technology Assessment Committee Approved Date: 7/16 Medical Policy Committee Approved Date: 9/17; 4/18; 8/19; 11/19; 8/2020; 1/2021; 06/2021; 1/2022
Medical Officer Date	

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Exhaled Breath Tests (CPT 91065)	National Coverage Determination (NCD) for Diagnostic Breath Analyses (100.5)

In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Exhaled Breath Tests (All Lines of Business Except Medicare),** *applies to the following services:*

- **pH Breath Testing (CPT 83987)**
- **Nitric oxide expired gas determination (CPT 95012)**
- **13C-Spirulina Gastric Emptying Breath Test (GEBT) (by Cairn Diagnostics d/b/a Advanced Breath Diagnostics, LLC) (CPT 0106U)**

BILLING GUIDELINES

The following code is not specific to exhaled breath testing and is therefore NOT appropriate: 82542.

CPT CODES

Medicare Only	
Prior Authorization Required	
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
Not Covered	
83987	pH; exhaled breath condensate
95012	Nitric oxide expired gas determination
0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be **denied as not covered.**	
84999	Unlisted chemistry procedure
91299	Unlisted diagnostic gastroenterology procedure
94799	Unlisted pulmonary service or procedure

DESCRIPTION

Diagnostic breath analyses are tests performed to measure either the hydrogen or carbon dioxide content of the breath after the ingestion of certain compounds. The analyses are performed to diagnose certain gastrointestinal disease states.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.