Measurement of Exhaled Breath Condensate in the Diagnosis and Management of Respiratory Disorders

Published: 02/01/2018
Next Review: 01/2019
Last Review: 01/2018
Medicare Link(s) Revised: 01/01/2019

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

The measurement of exhaled breath condensate (EBC) is being evaluated for diagnosing and managing asthma, chronic obstructive pulmonary disease (COPD), chronic cough, and other respiratory disorders.

MEDICARE ADVANTAGE POLICY CRITERIA

<table>
<thead>
<tr>
<th>CMS Coverage Manuals*</th>
<th>None</th>
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<tr>
<td>National Coverage Determinations (NCDs)*</td>
<td>None</td>
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<tr>
<td>Noridian Healthcare Solutions (Noridian) Local</td>
<td>Non-Covered Services (L35008)</td>
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Coverage Determinations (LCDs) and Articles (LCAs)*

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

CROSS REFERENCES
None

REFERENCES
None

CODING

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<td>CPT</td>
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<td>pH, Exhaled breath condensate</td>
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<td>HCPCS</td>
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*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.