



ADOPTED NATIONAL GUIDELINES FOR

## Diagnosis & Management of Asthma

Adopted February 2014

**REVISION DATES:**

01/19/2018

**Neighborhood reviews Clinical Practice Guidelines every two years.**

**Please Follow the Link Below for Full Guideline Details:**

<http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf>

**Disclaimer:**

This clinical practice guideline is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. These guidelines are current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

Neighborhood Health Plan of RI Clinical Practice Guideline Effective Date: 03/13/1997

Previous Revision Dates: 2/99, 1/01, 10/02, 10/04, 10/06, 4/08, 2/12

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