320-G LUNG VOLUME REDUCTION SURGERY

EFFECTIVE DATE: 01/01/04, 10/01/18

REVISION DATES: 04/01/04, 06/01/07, 08/01/11, 07/11/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs as delineated within this Policy including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for Lung Volume Reduction Surgery (LVRS).

II. DEFINITIONS

LUNG VOLUME REDUCTION SURGERY (LVRS)	A surgical procedure that removes diseased lung tissue. This procedure reduces the size of an over-inflated lung and allows for the expansion of the remaining (healthy) lung. Also referred to as reduction pneumoplasty, lung shaving or lung contouring.

III. POLICY

AHCCCS covers LVRS, or reduction pneumoplasty, for persons with severe emphysema when performed at a facility approved by Medicare to perform this surgery and in accordance with all of the established Medicare guidelines. The Centers for Medicare and Medicaid Services (CMS) issued a National Coverage Decision (NCD) for lung volume reduction surgery (reduction pneumoplasty) specifying covered and non-covered criteria. AHCCCS follows the Medicare NCD as published on 11/17/05. In the event Medicare's policy is revised, AHCCCS may reevaluate and/or revise its policy accordingly. National Coverage Decision (NCD) for lung volume reduction surgery (reduction pneumoplasty) is included as Attachment A.

The member's treating physician is responsible for providing appropriate documentation, establishing medical necessity, and verifying compliance with Medicare and AHCCCS guidelines. The documentation shall be sent to the Contractor's Medical Director or, for fee-for-service members, to DFSM for AHCCCS Medical Director approval when requesting authorization.

When possible, such surgeries, and the required pre- and post- operative therapies, will be performed at facilities approved by Medicare for LVRS reimbursement within the State of Arizona. However, AHCCCS may cover this procedure at out-of-state facilities if needed. All facilities must meet Medicare LVRS facility requirements as well as AHCCCS Provider Registration requirements.

IMPLEMENTATION 10/01/18

If medically necessary, AHCCCS may pay for an adult caregiver to accompany members when out-of-state-travel is required. Transportation, lodging and board may be covered as appropriate.

IMPLEMENTATION 10/01/18