320-G LUNG VOLUME REDUCTION SURGERY

REVISION DATES: 06/01/07, 04/01/04

REVIEW DATE: 08/01/2011

INITIAL
EFFECTIVE DATE: 01/01/2004

AMOUNT, DURATION AND SCOPE

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. AHCCCS follows the Medicare National Coverage Decision as published on 11/17/05. In the event Medicare's policy is revised, AHCCCS may reevaluate and/or revise our policy accordingly.

The member's treating physician is responsible for providing appropriate documentation, establishing medical necessity, and verification of compliance with Medicare and AHCCCS guidelines. The documentation must be sent to the Contractor Medical Director or, to the AHCCCS Medical Director for fee-for-service members, 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.

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.

Medicare Criteria

The Centers for Medicare and Medicaid Services (CMS) has issued a National Coverage Decision (NCD) for lung volume reduction surgery (reduction pneumoplasty) specifying covered and non-covered criteria. As stated above, AHCCCS will follow Medicare established guidelines for this procedure according to the NCD effective 11/17/2005. NCD for lung volume reduction surgery (reduction pneumoplasty) is included as Exhibit 320-1.