

320-G - LUNG VOLUME REDUCTION SURGERY

EFFECTIVE DATES: 01/01/04, 10/01/18, UPON PUBLISHING¹

~~REVISION~~

APPROVAL DATES: 04/01/04, 06/01/07, 08/01/11, 07/11/18, 03/03/25²

I. PURPOSE

This Policy applies to ~~AHCCCS Complete Care (ACC)~~, ACC-RBHA³, ALTCS, ~~E/~~PD, DCS CHP (CHP)⁴/~~CMDP (CMDP)~~, and DES/~~DDD (DDD)~~, and RBHA Contractors; Fee-For-Services (FFS) Programs ~~as delineated within this Policy~~ including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, ~~see refer to~~ AMPM Chapter 1100). This Policy establishes requirements for Lung Volume Reduction Surgery (LVRS).

For FFS providers, refer to AMPM Policy 820 for FFS Prior Authorization requirements for elective and non-emergency services⁵.

II. DEFINITIONS

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.⁶

~~**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.~~⁷

¹ Date policy is effective.

² Date policy is approved.

³ Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded AHCCCS Complete Care (ACC) Contractors, changes made throughout policy.

⁴ Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session, changes made throughout policy.

⁵ Added reference to AMPM Policy 820 for Fee for Services (FFS) providers.

⁶ Added per policy standards, definitions can be found in the Contract and Policy Dictionary.

⁷ Removed to align with Contract and Policy formatting standards. Common terms can be found in the AHCCCS Contract and Policy Dictionary.

III. POLICY

AHCCCS covers Lung Volume Reduction Surgery (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 as issued in the National Coverage Decision (NCD). ~~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.~~⁸ National Coverage Decision (NCD) for LVRS lung volume reduction surgery⁹ (reduction pneumoplasty) ~~is included as Attachment A can be found at <https://www.cms.gov/medicare-coverage-database> in manual section number 240.1~~¹⁰.

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.~~¹¹

When possible, ~~such surgeries~~ LVRS¹², and the required pre- and post-operative therapies, ~~will~~ shall 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~~ shall 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.

⁸ Removed; does not add value to policy contents.

⁹ Using acronym

¹⁰ Reserved Attachment A and added web address to Center for Medicare and Medicaid Services (CMS) manual.

¹¹ Removed, reference to AMPM Policy 820 for Prior Authorization is added to purpose statement

¹² Adding Lung Volume Reduction Surgery (LVRS) for clarity.