320-G - LUNG VOLUME REDUCTION SURGERY

EFFECTIVE DATES: 01/01/04, 10/01/18, 05/02/25

APPROVAL DATES: 04/01/04, 06/01/07, 08/01/11, 07/11/18, 03/03/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, 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 services.

II. DEFINITIONS

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

III. POLICY

AHCCCS covers the 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 the established Medicare guidelines as issued in the National Coverage Decision (NCD). The NCD for the LVRS (reduction pneumoplasty) can be found at: https://www.cms.gov/medicare-coverage-database in manual section number 240.1.

The member's treating physician is responsible for providing appropriate documentation, establishing medical necessity, and verifying compliance with Medicare and AHCCCS guidelines.

When possible, the LVRS, and the required pre- and post-operative therapies, 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 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.