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1.0 Description of the Procedure, Product, or Service

Lung volume reduction is a surgical procedure used for recipients with severe emphysema. Emphysematous lung tissue is removed, usually from the upper lobe of each lung. It is believed that elastic recoil and diaphragmatic function is improved by the reduction in lung volume of the diseased lung. Lung volume reduction surgery is palliative, not curative. The procedure is designed to relieve dyspnea and improve functional capacity and quality of life. Recipients continue to have severe emphysema, and most recipients will show further progression of their disease over time.

1.1 Medical Term Definitions

- a. Curative: treatment designed to overcome a disease and promote recovery.
- b. Dyspnea: shortness of breath, difficult or labored breathing.
- c. Palliative: affording relief, but not cure.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Lung Volume Reduction Surgery is covered under the NC Health Choice Program when it is medically necessary because the following medical criteria below have been met.

Lung volume reduction surgery is eligible for coverage for recipients with chronic obstructive pulmonary disease (COPD) with underlying severe emphysema who meet **ALL** of the following criteria:

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- a. Emphysema is uncomplicated;
- b. Recipient can no longer be adequately managed by less invasive interventions;
- c. Recipient has FEV1 of < 0.7L;
- d. Recipient has difficulty breathing or labored breathing (dyspnea) at rest or with light exercise; **AND**
- e. Recipient has not smoked in at least six (6) months.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Lung volume reduction surgery is not covered if the criteria listed in **Subsection 3.2** have not been met. Lung volume reduction surgery is contraindicated in the following circumstances:

- a. Recipient continues to smoke.
- b. Recipient has other coexisting medical conditions [e.g., pulmonary hypertension, cardiac disease, alpha-1 antitrypsin deficiency, or cancer (other than prostate cancer)]
- c. Recipient is ventilator dependent.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for lung volume reduction surgery.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**

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- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
September 30, 2011	Throughout	Policy Date of Termination

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Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Code
32491

HCPCS Codes
G0302
G0303
G0304
G0305

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.