

320-G LUNG VOLUME REDUCTION SURGERY

REVISION DATES: 1/7/2026, 4/1/2022, 10/1/2021

REVIEW DATES: 6/3/2025, 11/19/2024, 8/8/2023

EFFECTIVE DATE: March 3, 2017

REFERENCES: AHCCCS Medical Policy 1100, Federal Emergency Services Program Overview; AHCCCS Medical Policy 320-G, Attachment A

PURPOSE

This policy establishes the requirements for the lung volume reduction surgery (LVRS) for Division of Developmental Disabilities (Division) subcontracted health plans as well as Division Fee-for-Services (FFS) Tribal Health Program (THP).

DEFINITIONS

1. "Lung Volume Reduction Surgery" or "LVRS" means 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.
2. "Member" means the same as "Client," a person receiving developmental disabilities services from the Division, as specified in A.R.S. § 36-551.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall cover Lung Volume Reduction Surgery (LVRS), or reduction pneumoplasty, for Members with severe emphysema when performed at a facility approved by Medicare in accordance with all of the established Medicare guidelines issued in the National Coverage Decision (NCD).
2. The Division shall require the Member's treating physician be responsible for:
 - a. Providing appropriate documentation,
 - b. Establishing medical necessity, and
 - c. Verifying compliance with Medicare and AHCCCS guidelines.

B. PRIOR AUTHORIZATION

1. The Division shall require the LVRS and the required pre- and post-operative therapies, be performed at facilities approved by Medicare for LVRS reimbursement within the State of Arizona, when possible.

2. The Division may cover LVRS at out-of-state facilities, if needed.
3. The Division shall require all facilities meet Medicare LVRS facility requirements, as well as AHCCCS Provider Registration requirements.
4. The Division shall pay for an adult caregiver to accompany Members if medically necessary, when out-of-state-travel is required and may include:
 - a. Transportation,
 - b. Lodging, and
 - c. Board as appropriate.
5. The Division shall refer to AMPM Policy 820 for FFS Prior Authorization requirements for elective and non-emergency services.

Vicki D. Copeland

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Signature of Chief Medical Officer

Name

2025-12-24

Date