

# Endobronchial Valves for Emphysema



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are no NCDs and/or LCDs for endobronchial valves for emphysema.

## Description

Emphysema is a long-term, progressive form of chronic obstructive pulmonary disease (COPD) involving damage to the alveoli (tiny air sacs in the lungs) where oxygen and carbon dioxide exchange occurs. The lung tissue eventually loses elasticity and may hyperinflate, resulting in poor gas exchange and difficulty breathing. While emphysema is largely caused by cigarette smoking, nonsmoking individuals may also develop the condition.

Endobronchial valves (EBVs) are a less invasive alternative to lung volume reduction surgery (LVRS) in emphysema, where damaged tissue is surgically removed to make the lungs smaller allowing them to function better. EBVs are used to treat individuals with shortness of breath and hyperventilation associated with severe emphysema in regions of the lung that have evidence of little to no collateral ventilation. During the EBVs placement procedure, a bronchoscope is inserted through the mouth, passing through the larynx and trachea into the bronchial pathways. Once the scope reaches the damaged portion of the lung, a one-way valve is implanted to prevent airflow into the area while allowing trapped air and fluids to escape. Based on the condition of the lungs, multiple valves may be implanted.

Examples of these US Food & Drug Administration (FDA)-approved devices include **Spiration Valve System** and **Zephyr Endobronchial Valve**. The **Select** system, used with the **Spiration Valve System**, is a quantitative computed tomography (QCT) based screening tool used to determine if an individual is eligible for valve placement. The **Chartis System**, used with the **Zephyr Endobronchial Valve**, consists of a console and catheter and provides precise flow and pressure readings to assess for presence of collateral ventilation prior to valve placement.

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria.*

### Endobronchial Valves for the Treatment of Severe Emphysema

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
No code(s) identified		

## Change Summary

- 01/01/2024 New Policy.
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