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Medicare Advantage Policy Manual

Policy ID: M-SUR31

Lung Volume Reduction Surgery (LVRS, or Reduction Pneumoplasty)

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual but they may also be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

“Lung volume reduction surgery (LVRS) or reduction pneumoplasty, also referred to as lung shaving or lung contouring, is performed on patients with severe emphysema in order to allow the remaining compressed lung to expand, and thus, improve respiratory function.” (NCD 240.1)

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals

None

National Coverage Determinations (NCDs)

For Medicare Coverage Determinations and Articles, see the [Medicare Coverage Database](#)

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- History and physical examination with diagnosis and signs/symptoms reported, as well as radiographic reports, pulmonary function test results, exercise tolerance test results, arterial blood gas levels. Documentation must also include cardiac and surgical assessment documentation and approval, as well as therapeutic program adherence, plasma cotinine levels and notes the member has been nonsmoking for 4 months prior to initial evaluation and continued throughout the evaluation for surgery; and
- Facility where services will be performed.

CROSS REFERENCES

None

REFERENCES

1. Medicare Approved Facilities/Trials/Registries Website for [Lung Volume Reduction Surgery \(LVRS\)](#)
2. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, [§100.7 - Lung Volume Reduction Surgery](#)

CODING

Codes	Number	Description
CPT	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed
	32672	Thoracoscopy, surgical; with resection-plication of emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS) unilateral includes any pleural procedure, when performed
HCPCS	G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of service
	G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of service
	G0304	Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of service
	G0305	Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of service