Medical Policy
Thoracoscopic Laser Ablation of Emphysematous Pulmonary Bullae

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• Policy: Medicare
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Policy Number: 275
BCBSA Reference Number: 7.01.36A

Related Policies
• Lung Volume Reduction Surgery for Severe Emphysema, #364

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members
Thoracoscopic laser ablation of emphysematous pulmonary bullae is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>32655</td>
<td>Thoracoscopy, surgical; with resection-pleclication of bullae, includes any pleural procedure when performed</td>
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### ICD-9 Diagnosis Codes

Investigational for all diagnoses.

### Description

Thoracoscopic laser ablation of emphysematous pulmonary bullae involves the use of defocused carbon dioxide laser energy applied to bullous lesions through a thoracoscope in the pleural space. In cases of deep or extensive thick-walled bullous lesions, partial excision is sometimes performed through the thoracoscope with the use of an endoscopic electrocautery spatula.

### Summary

The original policy concluded that there were inadequate published data to permit scientific conclusions. Subsequently, a literature search based on the MEDLINE database was performed for the period of 1995 to June 2003. No published literature regarding this procedure was identified, suggesting that this procedure is now largely obsolete and remains investigational.

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>5/07</td>
<td>Medical Policy 275 effective 05/01/2007 describing on-going non-coverage.</td>
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</tbody>
</table>

### Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

### References

1. TEC Assessments, 1995: Tab 33