
Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements.
 - Medicare currently does not have a National Coverage Determination (NCD) for Endobronchial Valves.
 - Local coverage determinations (LCD)/Local Coverage Articles (LCA) do not exist at this time.
 - If no NCD/LCD/LCA is found, please use this KP-MAS Medical Coverage Policy.
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I. Procedure or Service: **Endobronchial Valve**

II. Specialty: **Pulmonary Medicine**

III. **Definition**

Endobronchial Valve is an endobronchial implant designed to occlude a hyperinflated lobe of the lungs with multiple valves, allowing air to escape while blocking airflow into the treated lobe to reduce lung volume and hyperinflation in the targeted area.

IV. **Indications for Referral**

Endobronchial valve is indicated for the bronchoscopic treatment of adult patients when ALL of the following are present:

- A. Hyperinflation associated with severe emphysema in regions of the lung that have little to no collateral ventilation;
- B. Have not responded to conventional medical management such as bronchodilators, corticosteroids, antibiotics, or anti-inflammatory maintenance medications; *and*
 - Lung surgery such as lung volume reduction or lung transplant is not suitable or appropriate.

V. **Contraindications and Precautions**

- A. An endobronchial valve is **contraindicated** for the following condition:
 1. Evidence of active lung infection;
 2. Known allergies to nitinol (nickel-titanium), nickel, titanium, or silicone;
 3. Active smokers or have not quit smoking;
 4. Diagnosed with large bullae encompassing greater than 30% of either lung;
 5. Inability to tolerate bronchoscopic procedures; *or*
 6. Bronchoscopic procedures are contraindicated

B. Precaution

Caution and appropriateness of zephyr valve treatment should be discussed when the patient has any of the following:

1. Major lung procedures;
2. Heart disease;
3. Large bubbles of air trapped in the lung; *or*
4. Have not responded to other treatments

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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC*	Date of Implementation
10/29/2019	10/29/2019
10/15/2020	10/15/2020
10/19/2021	10/19/2021
10/20/2022	10/20/2022
09/27/2023	09/27/2023

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.