

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 25.1
TITLE: RESPIRATORY SYSTEM

AUTHORITY: CFR 17.272(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)

I. EFFECTIVE DATE

August 26, 1985

II. PROCEDURE CODE(S)

30000-32999, 43200-43288, 43231-43232, 96570-96571

III. DESCRIPTION

The respiratory system is the tubular and cavernous organs and structures by means of which pulmonary ventilation and gas exchange between ambient air and the blood are brought about.

IV. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the respiratory system are covered.

V. POLICY CONSIDERATIONS

A. Laryngoscopy.

1. Laryngoscopy and related procedures (CPT codes 31515-31599) are covered. When a laryngoscopy is performed in conjunction with a bronchoscopy (CPT codes 31622-31656) during the same surgical session, reimbursement will be in accordance with the multiple surgery policy as stated in [Chapter 3, Section 7.1, Ambulatory Surgical Center \(ASC\) Reimbursement](#).

2. Indirect laryngoscopy (CPT 31505) when billed as an independent procedure is reimbursed on the same basis as an office visit, limited, or established patient. When billed in conjunction with an office visit, reimbursement for the indirect laryngoscopy is included in the reimbursement for the office visit.

B. Bronchoscopy.

Bronchoscopy (CPT codes 31622-31656) is a covered service and reimbursement is the same regardless of the type of instrument used (flexible or rigid bronchoscope). When a bronchoscopy is performed in conjunction with an esophagoscopy (CPT codes 43200-43228) or a tracheostomy (CPT codes 31600-31614), or (CPT codes 43231-43232) reimbursement will be in accordance with the multiple surgery policy as stated in [Chapter 3, Section 7.1](#), *Ambulatory Surgical Center (ASC) Reimbursement*.

C. Bronchoscopy Lobectomy. When a bronchoscopy (CPT codes 31622-31656) is performed in conjunction with a lobectomy (CPT codes 32320, 32480-32488), the bronchoscopy will be paid at 50% of its usual allowance. If performed at the completion of the lobectomy for bronchial toilet, no additional fee will be allowed.

D. Bronchial Brushing. The bronchial brushing technique (CPT code 31622-31623) to obtain cytologic specimens from the bronchial tree is covered. Reimbursement is included in the allowance for the bronchoscopy.

E. Transbronchial Lung Biopsy. A transbronchial lung biopsy (CPT code 31628) is a covered service. When performed in conjunction with other surgery, multiple surgery guidelines will apply.

F. Bronchopulmonary Lavage. Bronchopulmonary lavage, complete (CPT code 32997) or segmental, is a covered service when performed in conjunction with other surgery, multiple surgery guidelines will apply.

G. Thoracotomy/Thoracic Surgical Procedures. When a thoracotomy (CPT codes 32095-32160) is billed in conjunction with another major thoracic (chest) procedure, payment will be made only for the procedure with the highest value.

H. Resection of pneumatoceles is a covered procedure.

VI. EXCLUSIONS

Lung volume reduction surgery.

END OF POLICY