Beneficiary Full Name: _____ Sponsor's SSN: _____-_____-_____

Date of Birth: _____ Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter.

TRICARE Policy Manual, Chapter 4, Section 8.2 authorizes coverage of lung volume reduction surgery (LVRS) when the beneficiary meets an extensive list of coverage criteria.

In order for LVRS to be covered, the provider must attest each of the following statements is true:

- ☐ LVRS will be performed at a facility that is either certified by The Joint Commission under the LVRS Disease Specific Care Certification Program or is approved by Medicare or TRICARE® as a lung or heart-lung transplantation facility.
- ☐ The LVRS procedure will involve bilateral excision of a damaged lung with stapling performed via median sternotomy or video-assisted thorascopic surgery.
- ☐ The beneficiary has severe upper lobe predominant emphysema or severe non-upper lobe emphysema with low exercise capacity.
- ☐ The beneficiary has a history and physical exam consistent with emphysema.
- ☐ The beneficiary has not smoked for four or more months.
- ☐ For beneficiaries with cardiac ejection fraction less then 45 percent and there is no history of congestive heart failure or myocardial infarction within six months of consideration for surgery.
- ☐ The beneficiary has neither of the following contraindications:
  - Post-bronchodilator FEV1 is 20 percent or less than its predicted value and beneficiary has either:
    - A homogenous distribution of emphysema on CT scan; or
    - A carbon monoxide diffusion capacity (DLCO) is 20 percent or less than its predicted value.
  - Predominantly non-upper lobe emphysema and a high maximal workload.
    - A high maximal workload is defined as a maximal workload (on cycle ergometry with an increment of five or 10 W per minute after three minutes of pedaling with the ergometer set at 0 W and the person breathing 30 percent oxygen) above the sex-specific fortieth percentile (25 W for women, 40 W for men).
    - Predominantly non-upper lobe predominance of emphysema is defined to exclude disease on CT that is judged by the radiologist as affecting primarily the upper lobes of the lung, and to include disease that is judged to be predominantly lower lobe, diffuse or predominantly affecting the superior segments of the lower lobes.

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☐ The beneficiary has none of the following exclusion criteria:

- Previous LVRS
- Pleural or interstitial disease which precludes surgery
- Giant bulla (greater than one-third the volume of the lung in which the bulla is located)
- Clinically significant bronchiectasis
- Pulmonary nodule requiring surgery
- Previous lobectomy
- Uncontrolled hypertension (systolic greater than 200 mm Hg or diastolic greater than 100 mm Hg)
- Oxygen requirement greater than six liters per minute during resting to keep oxygen saturation greater than or equal to 90 percent
- History of recurrent infections with clinically significant production of sputum
- Unplanned weight loss greater than 10 percent within three months prior to consideration for surgery
- Pulmonary hypertension, defined as mean pulmonary artery pressure of 33 mm Hg or greater on right-heart catheterization or peak systolic pulmonary artery pressure of 44 mm Hg or greater
- Resting bradycardia (less than 50 beats per minute), frequent multifocal premature ventricular contractions (PVCs) of complex ventricular arrhythmia or sustained supraventricular tachycardia (SVT)
- Evidence of systemic disease or neoplasia that is expected to compromise survival

☐ The beneficiary has ALL of the following on pre-operative workup:

- Forced expiratory volume (FEV1) (maximum of pre- and post-bronchodilator values) less than or equal to 45 percent of predicted and, if age 70 or older, FEV1 15 percent of predicted or more; and
- Post-bronchodilator total lung capacity (TLC) greater than or equal to 100 percent of predicted value and residual volume (RV) greater than or equal to 150 percent or predicted value; and
- Resting partial pressure of carbon dioxide (PaCO2) less than or equal to 60 mm Hg on room air; and
- CT evidence of bilateral emphysema; and
- Plasma cotinine less than or equal to 13.7 ng/ml (if not using nicotine products) or carboxyhemoglobin less than or equal to 2.5 percent (if using nicotine products); and
- Six-minute walk test greater than 140 meters.

☐ LVRS has been preceded and will be followed by a program of diagnostic and therapeutic services consistent with those provided in the National Emphysema Treatment Trial (NETT) and designed to maximize the patient's potential to successfully undergo and recover from surgery. The program must include a six to 10 week series of at least 16, and no more than 20 preoperative sessions, each lasting a minimum of two hours. It must also include at least six and no more than 10, postoperative sessions, each lasting a minimum of two hours, within eight to nine weeks of the LVRS.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Physician's printed name and title:_____

TIN: _____

Signature: _____ Date: _____