

# Heart-Lung Transplantation, Surgical 28

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

## Description & Definitions:

**Heart-lung transplantation** is a procedure to replace the heart and lungs with a donated heart and lungs in a single operation.

**Other common names:** cardiopulmonary transplantation

## Criteria:

**Heart-Lung transplantation** is considered medically necessary with **ALL** of the following:

- Individual with **no** medical, social, psychiatric contraindications.
- Individual with **1 or more** of the following:
  - Eisenmenger syndrome with a cardiac defect not correctable by surgical repair
  - Individual is appropriate for single or double lung transplantation and who have severe cardiac disease not otherwise treatable
  - Severe, irreversible pulmonary hypertension **1 or more** of the following :
    - Pulmonary artery systemic pressure > 60 mm Hg, mean transpulmonary gradient > 15 mm Hg, and/or pulmonary vascular resistance (PVR) > 5 Wood unitson maximal vasodilator therapy
    - Elevated PVR defined as a PVR > 5 Woods units, a PVR index >6, or a transpulmonary pressure gradient 16 to 20mmHg, should be considered as relative contraindications to isolated cardiac transplantation if these parameters can't be met with optimal medication and short-term mechanical support
  - Significant chronic pulmonary disease defined as FVC < 50%, non-reversible FEV1 < 50 % and DLCO (corrected) < 40 % for adults (< 50 % in children) requirespulmonary clearance.
  - Diabetes with end-organ damage other than nonproliferative retinopathy or poor glycemic control (HgbA1C > 7.5 or 55 mmol/mol) despite optimal effort is arelative contraindication for transplant.
- **If applicable**, individuals with human immunodeficiency virus (HIV) infection must be on a highly active antiretroviral therapy (HAART) regimen and there must be documented evidence of sustained viral load suppression.

**Heart-Lung transplantation** is considered **not medically necessary** for any use other than those indicated in clinical criteria.

### Document History:

#### Revised Dates:

- 2024: June – expanded criteria references updated
- 2020: May
- 2019: November
- 2016: February
- 2013: January
- 2009: January
- 2008: January
- 2003: April, June
- 2001: December
- 1996: October

#### Reviewed Dates:

- 2025: February – Annual review completed, no changes, references updated.
- 2023: April
- 2022: April
- 2021: April
- 2018: November
- 2017: November
- 2015: January
- 2014: January
- 2012: January
- 2011: January
- 2010: January
- 2007: December
- 2005: November
- 2004: June, September
- 2002: September
- 2000: November
- 1999: March
- 1998: April
- 1996: July

#### Effective Date:

- July 1993

### Coding:

#### Medically necessary with criteria:

Coding	Description
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

#### Considered Not Medically Necessary:

Coding	Description
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	None
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U.S. Food and Drug Administration (FDA) - approved only products only.

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) 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 of these services as it applies to an individual member.*

**Special Notes: \***

- Coverage
  - Check self funded plan, specific plan document for coverage/non-coverage of this type of transplant.
  - Members must use contracted facilities unless approved by the plan.
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

**References:**

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2025). Retrieved 1 2025, from MCG: <https://careweb.careguidelines.com/ed28/index.html>

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Provider Manual Title: Practitioner - Appendix D: Service Authorization Information, Page: 16. (Revision Date: 12/2/2022). Retrieved 2 2025, from DMAS: [https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/Physician-Practitioner%20Manual%20App%20D%20%28Updated%2012.2.22%29\\_Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/Physician-Practitioner%20Manual%20App%20D%20%28Updated%2012.2.22%29_Final.pdf)

## Keywords:

Heart-lung transplantation, cardiopulmonary transplantation, surgical 28, congenital cardiac abnormalities, cardiopulmonary disease, pulmonary hypertension, lung disease, heart failure, cardiomyopathy, Eisenmenger's complex cardiopulmonary transplantation