

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 [*](#).

Purpose:

This policy addresses the surgery for Heart-lung transplantation.

Description & Definitions:

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

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 units on 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) requires pulmonary 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 a relative 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 transplants are considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

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:

- 2023: 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

References:

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

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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.

Keywords:

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