

Heart-Lung Transplantation, Surgical 28

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Effective Date 7/1993
Next Review Date 6/2025
Coverage Policy Surgical 28
Version 5

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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: 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:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Code of Federal Regulations. Title 42, Chapter 1, Subchapter K, Part 121. § 121.6. Organ Procurement. 3.11.2024. Retrieved 3.20.2024. <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-K/part-121/section-121.6>

U.S. Food and Drug Administration. FDA.gov. What We Do. 11.21.2023. Retrieved 3.20.2024. <https://www.fda.gov/about-fda/what-we-do>

Hayes. A symplr company. Retrieved 3.20.2024. https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522heart-lung%2520transplant%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2522page%2522:0,%2522size%2522:50%252D,%2522type%2522:%2522all%2522,%2522sources%2522:%2522%2522*%2522%252D,%2522sorts%2522:%2522%2522%2522field%2522:%2522%2522%2522score%2522,%2522direction%2522:%2522desc%2522%2522%252D,%2522filters%2522:%2522%2522%2522%252D

Centers for Medicare and Medicaid Services. CMS.gov. NCD 260.9. Heart Transplants. 12.1.2008. Retrieved 3.20.2024. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=112&ncdver=3>

MCG Informed Care Strategies. 27th Edition. 2024. Lung Transplant ORG: S-1300 (ISC) .Retrieved 3.20.2024. <https://careweb.careguidelines.com/ed27/index.html>

MCG Informed Care Strategies. 27th Edition. 2024. Lung Transplant, Pediatric (P-1300). 2024. Retrieved 3.20.2024. <https://careweb.careguidelines.com/ed27/index.html>

MCG Informed Care Strategies. 27th Edition. 2024. Heart Transplant. ORG: S-535 (ISC). Retrieved 3.20.2024. <https://careweb.careguidelines.com/ed27/index.html>

MCG Informed Care Strategies. 27th Edition. 2024. Heart Transplant, Pediatric (P-535). Retrieved 3.20.2024. <https://careweb.careguidelines.com/ed27/index.html>

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Practitioner . Revision Date: 12/2/2022 Appendix D: Service Authorization Information. Page 15. Retrieved 3.20.2024. https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-08/Physician-Practitioner%20Manual%20App%20D%20%28Updated%2012.2.22%29_Final.pdf

National Comprehensive Cancer Network. 2024. Retrieved 3.20.2024. <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=heart%20transplant>

Carelon. Clinical Guidelines and Cancer Treatment Pathways. 2024. Retrieved 3.20.2024. <https://guidelines.carelonmedicalbenefitsmanagement.com/>

Velleca, A., Shullo, M. A., Dhital, K., Azeka, E., Colvin, M., DePasquale, E., Farrero, M., García-Guereta, L., Jamero, G., Khush, K., Lavee, J., Pouch, S., Patel, J., Michaud, C. J., Shullo, M. A., Schubert, S., Angelini, A., Carlos, L., Mirabet, S., Patel, J., ... Reinhardt, Z. (2023). The International Society for Heart and Lung Transplantation (ISHLT) guidelines for the care of heart transplant recipients. *The Journal of heart and lung transplantation : the official publication of the International Society for Heart Transplantation*, 42(5), e1–e141. <https://doi.org/10.1016/j.healun.2022.10.015>

Hunt, S., Mooney, J., Heart-lung transplantation in adults. UpToDate.5.31.2023. Retrieved 3.20.2024. <https://www.uptodate.com/contents/heart-lung-transplantation-in-adults>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage

are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

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