

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Heart-Lung Transplantation

AUTH: SHP Surgical 28 v3 (AC)

MCG Health
Ambulatory Care
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Coverage

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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

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of heart-lung transplants for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Heart-Lung transplantation is considered medically necessary with **ALL** of the following:
 - Individual with a life expectancy of less than 24 months
 - Individual that is psychologically stable with adequate social support as documented by a transplant social worker
 - Individual with adequate liver and kidney function, defined as a bilirubin of less than 2.5 mg/dl and a creatinine clearance of greater than 50 ml/min/kg
 - Individual with adequate functional status, defined as ability to walk and good rehabilitation potential
 - Individual without uncontrolled human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) defined by the CDC as CD4 count, 200 cells/mm3 unless the individual has **ALL** of the following:
 - CD4 count greater than 200 cells/mm3 for greater than 6 months
 - Human immunodeficiency virus ribonucleic acid (HIV-1 RNA) undetectable
 - On stable anti-retroviral therapy for greater than 3 months
 - No other complications from AIDS (e.g. opportunistic infection)
 - Individual with **1 or more** of the following:
 - Documented end stage cardiopulmonary disease not amenable to medical or surgical intervention
 - Congenital cardiac abnormalities associated with severe pulmonary hypertension (Eisenmenger's complex)
 - Class III or Class IV heart failure
 - Untreatable primary lung disease associated with severe secondary right heart cardiomyopathy associated with irreversible secondary pulmonary hypertension
 - Individual with **no contraindications** as indicated by **ALL** of the following :
 - Individual **without** Metastatic cancer (except for non-melanomatous skin cancers)
 - Individual **without** untreated or ineffectively treated infections
 - Individual **without** medical instability due to serious cardiac or other ongoing medical comorbidities including but not limited to sepsis, myocardial infarction, liver failure.
 - Individual **without** serious conditions that cause a limited life expectancy (< 2 years) and transplantation will not improve the individual's condition or life expectancy ie. gastrointestinal disease (bleeding peptic ulcer, diverticulitis, chronic hepatitis, active or recurrent pancreatitis)
 - Individual **without** active, systemic lupus erythematosus, scleroderma or sarcoid with multisystem involvement. Patients must be carefully evaluated to ensure that their disease is primarily confined to the lung
 - Individual **without** any systemic condition with a high probability of recurrence in the transplanted heart
 - Individual **without** progressive neuromuscular disease
 - Individual **without** significant chest wall or spinal deformity expected to cause severe restriction after transplantation
 - Individual **without** morbid obesity (a pre-transplant BMI equal to or greater than 35 kg/m²)
 - Individual **without** refractory uncontrolled hypertension
 - Individual **without** untreated or unstable cerebrovascular disease
 - Individual **without** demonstrated nonadherence to medical recommendations or treatment regimens, which places the transplanted organ at risk
 - Individual who is **willing** to risk potential complications from lifelong immunosuppressive medications
 - Individual **with abstinence** from smoking for at least 6 months before being considered a candidate for lung transplant
 - Other effective medical treatments or surgical options **are not** available

Document History

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- Revised Dates:
 - 2020: May
 - 2019: November
 - 2016: February
 - 2013: January
 - 2009: January
 - 2008: January
 - 2003: April, June
 - 2001: December
 - 1996: October
- Reviewed Dates:
 - 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 Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 33935 - Heart-lung transplant with recipient cardiectomy-pneumonectomy
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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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(2022). Retrieved Mar 30, 2022, from AIM Specialty Health: <https://aimspecialtyhealth.com/resources/clinical-guidelines/>

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