

<b>Policy Name</b> Lung Transplant	<b>Policy Number</b> MP-LT-FP-07-23	<b>Scope</b> <input type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth
<b>Service Category</b> <input type="checkbox"/> Anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> DME/Prosthetics or Supplies <input checked="" type="checkbox"/> <u>Other Transplant</u> <u>Lung Transplant</u>		

**Service Description**

This policy addresses Lung Transplant.

A lung transplant is surgery done to remove a diseased lung and replace it with a healthy lung from another person. The surgery may be done for one lung or for both. In single-lung transplantation, only one lung from a deceased donor is provided to the recipient. In double-lung transplantation, the recipient's lungs are removed and replaced by both deceased donor's lungs.

Lung transplantation is considered only for those with severe lung conditions, such as emphysema, cystic fibrosis, pulmonary fibrosis, sarcoidosis and pulmonary hypertension, and only after all other treatment options have failed.

The most common indications for lung transplantation are interstitial lung disease (ILD), advanced chronic obstructive pulmonary disease (COPD), cystic fibrosis (CF), emphysema due to alpha-1 antitrypsin deficiency, and pulmonary arterial hypertension (PAH).

For multi-organ transplant requests, criteria must be met for each organ requested. Cases will be reviewed on an individual basis for coverage determination to assess the member's candidacy for transplantation.

Please refer to the following medical policy for specific criteria of organ transplant and additional information.

- Heart/Lung Transplant Medical Policy: MP-HLT-FP-08-23

Please note that all services described in this policy require prior authorization.

- 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.
- Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
- Providers must submit all required and requested documentation for case evaluation and determination.
- The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination.
- Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria.

## Medical Necessity Guidelines

**Medically necessary** for individuals who meet the general individual selection criteria **and** have irreversible, progressively disabling, end-stage pulmonary disease including, but not limited to, one or more of the conditions listed below.

- A. Restrictive lung disease, examples of which include, but are not limited to:
  1. Idiopathic pulmonary fibrosis (IPF)
  2. Interstitial pulmonary fibrosis
  3. Scleroderma
  4. Sarcoidosis
  5. Extrinsic allergic alveolitis
  6. Post-chemotherapy disease
  7. Asbestosis
- B. Chronic lung disease, examples of which include, but are not limited to:
  1. Alpha-1 antitrypsin deficiency
  2. Eosinophilic granuloma (Langerhans cell histiocytosis or histiocytosis X)
  3. Chronic Obstructive Pulmonary Disease (COPD) (emphysema, chronic bronchitis)
  4. Bronchiolitis obliterans
  5. Bronchopulmonary dysplasia
  6. Recurrent pulmonary embolus
  7. Lymphangiomyomatosis (LAM)
- C. Pulmonary hypertension, examples of which include, but are not limited to:
  1. Primary pulmonary hypertension
  2. Pulmonary hypertension due to cardiac diseases and interstitial pulmonary fibrosis
  3. Eisenmenger's syndrome
  4. Fibrosing mediastinitis.
- D. Septic lung disease, examples of which include, but are not limited to:
  1. Cystic fibrosis
  2. Bronchiectasis

## Lung and Heart-Lung Diagnosis Categories

Lung and heart-lung diagnosis categories	Lung and heart-lung diagnoses
Congenital Disease	Eisenmenger's Syndrome: Arterial Septal Defect  Eisenmenger's Syndrome: Ventricular Septal Defect  Eisenmenger's Syndrome: Multiple Congenital Anomalies  Eisenmenger's Syndrome: Patent Ductus Arteriosus

	Eisenmenger's Syndrome: Other Specify Congenital: Other Specify
Emphysema/COPD	Emphysema/COPD
Cystic Fibrosis	Cystic Fibrosis
Idiopathic Pulmonary Fibrosis	Idiopathic Pulmonary Fibrosis
Primary Pulmonary Hypertension	Primary Pulmonary Hypertension
Alpha-1-Antitrypsin Deficiency	Alpha-1-Antitrypsin Deficiency
Retransplant/Graft Failure	Lung Retransplant/Graft Failure: Obliterative Bronchiolitis Lung Retransplant/Graft Failure: Other Specify Lung Retransplant/Graft Failure: Non-Specific Lung Retransplant/Graft Failure: Acute Rejection Lung Retransplant/Graft Failure: Primary Graft Failure Lung Retransplant/Graft Failure: Restrictive
Other	Sarcoidosis Lung Disease Bronchiectasis Pulmonary Fibrosis Lymphangioleiomyomatosis Obliterative Bronchiolitis (Non-Retransplant) Pulmonary Vascular Disease Occupational Lung Disease Inhalation Burns/Trauma Rheumatoid Disease

## Medical Necessity Guidelines

In addition to having one of the clinical indications above, the member must not have a contraindication, as defined by the American Society of Transplantation in *Guidelines for the Referral and Management of Patients Eligible for Solid Organ Transplantation* (2001) listed below.

**Absolute Contraindications – for Transplant Recipients** include, but are not limited to, the following:

- A. Metastatic cancer;
- B. Ongoing or recurring infections that are not effectively treated;
- C. Serious cardiac or other ongoing insufficiencies that create an inability to tolerate transplant surgery;
- D. Serious conditions that are unlikely to be improved by transplantation as life expectancy can be finitely measured;
- E. Active, systemic lupus erythematosus or sarcoid with multisystem involvement;
- F. Any systemic condition with a high probability of recurrence in the transplanted heart;
- G. Demonstrated patient noncompliance, which places the organ at risk by not adhering to medical recommendations;
- H. Potential complications from immunosuppressive medications are unacceptable to the patient;
- I. Acquired immune deficiency syndrome (AIDS) (diagnosis based on Centers for Disease Control and Prevention [CDC] definition of CD4 count, 200cells/mm<sup>3</sup>) unless the following are noted:
  - 1. CD4 count greater than 200 cells/mm<sup>3</sup> for greater than 6 months;
  - 2. HIV-1 RNA undetectable;
  - 3. On stable anti-retroviral therapy greater than 3 months;
  - 4. No other complications from AIDS (for example, opportunistic infection, including aspergillus, tuberculosis, coccidioidomycosis, resistant fungal infections, Kaposi's sarcoma or other neoplasm);
  - 5. Meeting all other criteria for heart-lung transplantation.

For multi-organ transplant requests, criteria must be met for each organ requested.

Cases will be reviewed on an individual basis for coverage determination to assess the member's candidacy for transplantation.

Retransplantation in individuals with graft failure of an initial lung or lobar transplant, due to either technical reasons or hyperacute rejection is considered **medically necessary**. In addition to having end stage pulmonary disease, the individual must not have a contraindication, as defined by the American Society of Transplantation in *Guidelines for the Referral and Management of Patients Eligible for Solid Organ Transplantation* (2001).

## Limits or Restrictions

Medicare will cover lung transplants for beneficiaries with progressive end stage pulmonary disease and when performed at a Medicare-approved lung transplant facility.

Medicare will “cover heart-lung transplants for beneficiaries with progressive end-stage cardiopulmonary disease when they are provided in a facility that has been approved by Medicare for both heart and lung transplantation.

All organ transplant programs must be located in a hospital that has a Medicare provider agreement. In addition to meeting the transplant CoPs, the transplant program must also comply with the hospital CoPs (specified in 42 CFR §482.1 through §482.57).

## Reference Information

American Lung Association

Link:

<https://www.lung.org/search?term=indications+heart+lung+transplant#stq=indications%20heart%20lung%20transplant&stp=1>

Centers for Medicare and Medicaid Services (CMS) Transplant Program Requirements

Link: <https://www.cms.gov/medicare/health-safety-standards/certification-compliance/transplant>

CMS

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx>

Organ Procurement & Transplantation Network (OPTN) Link: <https://optn.transplant.hrsa.gov/>

Steinman TL, Becker BN, Frost AE, et al. Clinical Practice Committee, American Society of Transplantation. Guidelines for the referral and management of patients eligible for solid organ transplantation. Transplantation. 2001; 71(9):1189-1204.

United Network for Organ Sharing (UNOS). Policy 6 Organ Distribution: Allocation of Hearts and Heart-Lungs. Updated 12/13/2023. Link: <http://optn.transplant.hrsa.gov/governance/policies/>

## Policy History

Date	Version	Comments
12/07/2023	Draft	New Medical Policy
12/15/2023	Final	Approved by Medical Policy Committee