



MASSACHUSETTS

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Medical Policy

Heart/Lung Transplant

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Policy Number: 269

BCBSA Reference Number: 7.03.08

Related Policies

- Heart Transplant, #[197](#)
- Lung and Lobar Lung Transplantation, #[015](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Heart-lung transplantation may be **MEDICALLY NECESSARY** for carefully selected patients with end-stage cardiac and pulmonary disease including, but not limited to, one of the following diagnoses:

- Irreversible primary pulmonary hypertension with heart failure or
- Non-specific severe pulmonary fibrosis or
- Eisenmenger complex with irreversible pulmonary hypertension and heart failure or
- Cystic fibrosis with severe heart failure or
- Chronic obstructive pulmonary disease with heart failure or
- Emphysema with severe heart failure, or
- Pulmonary fibrosis with uncontrollable pulmonary hypertension or heart failure.

Heart/lung retransplantation after a failed primary heart/lung transplant may be considered **MEDICALLY NECESSARY** in patients who meet criteria for heart/lung transplantation.

Heart/lung transplantation is **INVESTIGATIONAL** in all other situations.

In addition to the above information, we do not cover heart/lung transplantation when any of the following conditions are present:

- Known current malignancy, including metastatic cancer
- Recent malignancy with high risk of recurrence
 - Note: the assessment of risk of recurrence for a previously treated malignancy is made by the transplant team; providers must submit a statement with an explanation of why the patient with a recently treated malignancy is an appropriate candidate for a transplant.
- Untreated systemic infection making immunosuppression unsafe, including chronic infection

- Other irreversible end-stage disease not attributed to heart or lung disease
- History of cancer with a moderate risk of recurrence
- Systemic disease that could be exacerbated by immunosuppression
- Psychosocial conditions or chemical dependency affecting ability to adhere to therapy

Harvesting of the donor's organ is **MEDICALLY NECESSARY** when the donor is not a member, as long as the recipient is a member. Harvesting is defined to include the surgical removal of the donor's organ and related medically necessary services and/or tests that are required to perform the transplant itself.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

	Outpatient
Commercial Managed Care (HMO and POS)	NA
Commercial PPO and Indemnity	NA
Medicare HMO BlueSM	NA
Medicare PPO BlueSM	NA

Medicare Managed Care and Medicare PPO members, who meet the coverage criteria for heart-lung transplantation, must be referred to a Medicare certified transplant facility.

Medicare Certified Transplant Facilities:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf>

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code 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 as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

ICD-9 Procedure Codes

When the following ICD 9 procedure codes are associated with the service(s) described in this document coverage for the service(s) is aligned with the policy statement.

ICD-9-CM procedure codes:	Code Description
33.6	Combined heart-lung transplantation

ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
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0BYK0Z0	Transplantation of Right Lung, Allogeneic, Open Approach
02YA0Z0	Transplantation of Heart, Allogeneic, Open Approach
02YA0Z1	Transplantation of Heart, Syngeneic, Open Approach
0BYL0Z0	Transplantation of Left Lung, Allogeneic, Open Approach
0BYM0Z0	Transplantation of Bilateral Lungs, Allogeneic, Open Approach
0BYM0Z1	Transplantation of Bilateral Lungs, Syngeneic, Open Approach

Description

Combined heart/lung transplantation is intended to prolong survival and improve function in patients with end-stage cardiac and pulmonary diseases. The majority of recipients have Eisenmenger syndrome (37%), followed by idiopathic pulmonary artery hypertension (28%) and cystic fibrosis (14%). Due to the improved medical management of pulmonary hypertension and a decline in Eisenmenger syndrome diagnoses, combined heart/lung transplantation has decreased in recent years. It is now more common to transplant a single or double lung and maximize medical therapy for heart failure.

The heart/lung transplantation involves a coordinated triple operative procedure consisting of procurement of a donor heart-lung block, excision of the heart and lungs of the recipient, and implantation of the heart and lungs into the recipient. A heart/lung transplantation refers to the transplantation of one or both lungs and heart from a single cadaver donor.

Summary

The literature, consisting of case series and registry data, demonstrates that heart/lung transplantation provides a survival benefit in appropriately selected patients, as compared to the exceedingly poor expected survival without transplant. It may be the only option for some patients with end-stage cardiopulmonary disease. Heart/lung transplant is contraindicated in patients in whom the procedure is expected to be futile due to co-morbid disease or in whom post-transplantation care is expected to significantly worsen co-morbid conditions.

Policy History

Date	Action
10/2014	Medical policy remediation: New indications for non-coverage. Clarified coding information. Effective 10/1/2014.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
4/2014	BCBSA National medical policy review. New medically necessary and investigational indications described. Effective 4/1/2014.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, and Organ Transplantation. No changes to policy statements.
3/22/2011	BCBSA National medical policy review. No changes to policy statement.
11/2010	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, Organ Transplantation No changes to policy statements.
11/2009	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, Organ Transplantation No changes to policy statements.
9/2009	BCBSA National medical policy review. No changes to policy statements.
11/2008	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, Organ Transplantation No changes to policy statements.
8/2008	BCBSA National medical policy review. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.

11/2006	Reviewed - Medical Policy Group – Gastroenterology, Nutrition, Organ Transplantation. No changes to policy statements.
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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