



LUNG TRANSPLANT

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Lung Transplant:

A lung transplant is a surgical procedure in which one or both lungs from a single cadaver donor is placed in the body of a recipient.

Lobar Transplant:

A lobar transplant is a surgical procedure in which a lobe of a lung from a living or a cadaveric donor is placed in the body of a recipient. Living donors for lobar transplant are primarily related donors. If a bilateral transplant is required, one lobe is obtained from each of two donors (e.g., mother and father).



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**MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY**

**ORIGINAL EFFECTIVE DATE: 01/22/13
LAST REVIEW DATE: 02/04/14
LAST CRITERIA REVISION DATE: 02/04/14
ARCHIVE DATE:**

LUNG TRANSPLANT (cont.)

Description: (cont.)

Potential Contraindications:

Potential contraindications subject to the judgment of the transplant center:

- Known current malignancy, including metastatic cancer
- Recent malignancy with high risk of recurrence
- Untreated systemic infection making immunosuppression unsafe, including chronic infection
- Other irreversible end-stage disease not attributed to 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
- Coronary artery disease (CAD) not amenable to percutaneous intervention or bypass grafting, or associated with significant impairment of left ventricular function (may be candidate for combined heart-lung transplantation)
- Colonization with highly resistant or highly virulent bacteria, fungi or mycobacteria

Definitions:

End-Stage Pulmonary Disease:

End-stage pulmonary diseases include, *but are not limited to:*

Alpha-1 antitrypsin deficiency
Bronchiectasis, bilateral
Bronchiectasis, congenital
Bronchiolitis obliterans
Bronchopulmonary dysplasia
Chronic obstructive pulmonary disease
Cystic fibrosis (both lungs to be transplanted)
Eisenmenger's syndrome
Emphysema
Eosinophilic granuloma
Lymphangiomyomatosis
Pulmonary embolism, recurrent
Pulmonary fibrosis, idiopathic
Pulmonary fibrosis, interstitial
Pulmonary fibrosis, postinflammatory
Pulmonary hypertension due to cardiac disease
Pulmonary hypertension, primary
Sarcoidosis
Scleroderma



LUNG TRANSPLANT (cont.)

Criteria:

Lung transplants will be reviewed by the medical director(s) and/or clinical advisor(s).

- Lung transplantation for individuals with irreversible progressively disabling, end-stage pulmonary disease unresponsive to maximum medical therapy is considered ***medically necessary*** with documentation that pre-transplantation evaluation criterion is met.
- Lobar lung transplantation for individuals with end-stage pulmonary disease is considered ***medically necessary*** with documentation that pre-transplantation evaluation criterion is met.
- Lung or lobar lung retransplantation after a failed lung or lobar lung transplant is considered ***medically necessary*** in individuals who meet above criteria for lung transplantation.

Pre-Transplantation Evaluation:

- Pre-transplantation evaluation criterion is met with documentation of psychosocial screen and **ALL** of the following:
 1. Drug/alcohol screen with documentation of **ONE** of the following:
 - No drug/alcohol abuse by history
 - Drug and alcohol free for a period greater than or equal to 6 months
 2. Behavioral health disorder screening with documentation of **ONE** of the following:
 - No behavioral health disorder by history
 - Behavioral health disorder by history with documentation of **BOTH** of the following:
 - No severe psychosis/personality disorder
 - Mood/anxiety disorder excluded/treated
 3. Individual understands surgical risk and post procedure compliance and follow-up
 4. Adequate social/family support

Resources:

1. 7.03.07 BCBS Association Medical Policy Reference Manual. Lung and Lobar Lung Transplant. Re-issue date 01/09/2014; issue date 07/31/1996.