

Clinical Policy: Heart-Lung Transplant

Reference Number: CP.MP.132

Last Review Date: 04/20

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Description

Heart-lung transplantation is treatment of choice for patients with both end-stage heart and end-stage lung disease. This policy establishes the medical necessity requirements heart-lung transplants.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® that heart-lung transplant is **medically necessary** for members who meet all of the following guidelines:
 - A. End-stage heart and end-stage lung disease due to one of the following:
 1. Age > 18 years and any of the following:
 - a. Irreversible primary pulmonary hypertension with heart failure;
 - b. Nonspecific severe pulmonary fibrosis;
 - c. Eisenmenger complex with irreversible pulmonary hypertension and heart failure;
 - d. Cystic fibrosis with severe heart failure;
 - e. Chronic obstructive pulmonary disease with heart failure;
 - f. Emphysema with severe heart failure;
 - g. Pulmonary fibrosis with uncontrollable pulmonary hypertension or heart failure;
 - h. Non-complex congenital heart disease associated with pulmonary hypertension that is not amenable to lung transplantation and repair by standard surgery;
 - i. Severe coronary artery disease or cardiomyopathy with irreversible pulmonary hypertension;
 2. Age ≤ 18 years and any of the following:
 - a. Eisenmenger syndrome;
 - b. Heart re-transplant;
 - c. Alpha 1 antitrypsin deficiency;
 - d. Lung re-transplant;
 - e. Alveolar proteinosis;
 - f. Primary pulmonary hypertension;
 - g. Pulmonary vascular disease;
 - h. Restrictive cardiomyopathy;
 - i. Congenital heart disease;
 - j. Cystic fibrosis with progressive, irreversible cardiac dysfunction;
 - k. Dilated cardiomyopathy;
 - B. Meets the following disease severity criteria:
 1. Meets one of the following staging criteria:
 - a. Age > 18 years: New York Heart Association classification of heart failure III or IV (Table 1); or
 - b. Age ≤ 18 years: American Heart Association Stage C or Stage D heart disease, (Table 2);
 2. Adequate functional status with the ability for rehabilitation;

3. Life expectancy in the absence of cardiopulmonary disease ≥ 2 years;
- C. Does not have any of the following contraindications:
1. HIV and any of the following:
 - a. Active or prior opportunistic infections (progressive multifocal leukoencephalopathy or chronic intestinal cryptosporidiosis > 1 month);
 - b. Has not been clinically stable and compliant on combination antiretroviral therapy for > 3 months;
 - c. Detectable HIV RNA;
 - d. Has not had CD4 counts > 200 cells/ μ l for >3 months;
 2. History of psychological, behavioral, or cognitive disorders, poor family support structures, or documented noncompliance with previous therapies that could interfere with successful performance of care regimens after transplantation;
 3. Severe, irreversible disease in other organ systems or when it is part of a severe, irreversible, multisystemic disease process;
 4. Severe hypoplasia of the central branch pulmonary arteries or pulmonary veins;
 5. Any specific congenital heart lesion;
 6. Current episode of ongoing acute allograft rejection, even in the presence of graft vasculopathy, and retransplantation is requested;
 7. Less than 6 months have passed since the primary transplantation and retransplantation is requested;
 8. Malignancy, except for non-melanoma localized skin cancer that has been treated appropriately, low grade prostate cancer, a malignancy that has been completely resected, or a treated malignancy determined to have a small likelihood of recurrence and acceptable future risks;
 9. Acute medical instability, including, but not limited to, acute sepsis, myocardial infarction, and liver failure;
 10. Uncorrectable bleeding diathesis;
 11. Chronic infection with highly virulent and/or resistant microbes that are poorly controlled pre-transplant;
 12. Evidence of active Mycobacterium tuberculosis infection;
 13. Significant chest wall/spinal deformity expected to cause severe restriction after transplantation;
 14. Class II or III obesity (body mass index ≥ 35.0 kg/m²);
 15. Current non-adherence to medical therapy or a history of repeated or prolonged episodes of non-adherence to medical therapy that are perceived to increase the risk of non-adherence after transplantation;
 16. Substance abuse or dependence (including tobacco and alcohol) without convincing evidence of risk reduction behaviors, such as meaningful and/or long-term participation in therapy for substance abuse and/or dependence. Serial blood and urine testing may be used to verify abstinence from substances that are of concern;
 17. Active peptic ulcer disease.

Table 1: NYHA Classifications of Heart Failure	
Classification	Characteristics
Class I	Patients with cardiac disease but without the resulting limitations in physical activity. Ordinary activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain
Class II	Patients with heart disease resulting in slight limitations of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain
Class III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain.
Class IV	Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Their symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.

Table 2: Heart Failure Stages in Pediatric Heart Disease	
Classification	Characteristics
A	At high risk for developing heart failure
B	Abnormal cardiac structure and/or function; no symptoms of heart failure
C	Abnormal cardiac structure and/or function; Past or present symptoms of heart failure
D	Abnormal structure and/or function; continuous infusion of intravenous inotropes or prostaglandin E ₁ to maintain of a ductus arteriosus; mechanical ventilatory and/or mechanical circulatory support

*Note: Heart lung transplantations may be considered medically necessary for other congenital cardiopulmonary anomalies as determined upon individual case review.

Background

Heart-lung transplantation is a strong surgical option for selected patients with simultaneous end-stage heart failure and end-stage lung disease. However, due to a shortage of suitable donors, it is a rare procedure. Only about one hundred such transplants are performed each year in the USA. The 2016 International Society for Heart Lung Transplantation provides listing criteria and best practice recommendations for heart-lung transplants.¹

The one and five-year survival rates are reported, respectively, at 59.1% and 88.2% for patients with hypertension, 26.8% and 70.4% for patients with hyperlipidemia, and 18% and 28.9% for patients with diabetes.²

Spahr et al discusses the pediatric indications and outcomes for heart-lung transplantations and reports that primary pulmonary hypertension, congenital heart disease, and Eisenmenger’s syndrome, with a penetrance at 29%, 20% and 16%, respectively, are most common indications for heart lung transplants in children.⁵ Since 1988, 188 pediatric heart lung transplants have been reported. Of these procedures, 16 have been performed at < 1 year of age, 52 procedures for

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patients 1-5 years of age, 28 procedures for patients 6-10 years of age, 92 procedures for patients 11-17 years of age.⁵ Of note, outcomes for heart lung transplants are largely dependent on the success on the lung graft.⁵

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
33930	Donor cardiectomy-pneumonectomy, (including cold preservation)
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

HCPCS Codes	Description
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
D86.0-D86.89	Sarcoidosis
E84.0-E84.9	Cystic fibrosis
E88.01	Alpha-1-antitrypsin deficiency
I27.0-I27.9	Other pulmonary heart diseases
I42.0-I43	Cardiomyopathy
I50.84	End stage heart failure
J44.0-J44.9	Other chronic obstructive pulmonary disease
J47.0- J47.9	Bronchiectasis
J84.10	Pulmonary fibrosis, unspecified
M32.9	Systemic lupus erythematosus (SLE), unspecified
Q33.0-Q33.9	Congenital malformations of lung
Q34.9	Congenital malformations of respiratory system, unspecified

Reviews, Revisions, and Approvals	Date	Approval Date
New policy.	06/17	06/17
References reviewed and updated.	04/18	04/18
Corrected codes for bronchiectasis to be J47.0-J47.9.	06/18	
Reworded contraindications regarding retransplantation with no change of meaning	10/18	
Added contraindication of “Active peptic ulcer disease”. References reviewed and updated. Codes reviewed and updated. Specialist reviewed.	03/19	04/19
References reviewed and updated. Clarified I.A.2.j, to state “Cystic fibrosis with progressive, irreversible cardiac dysfunction.” Removed the following contraindications: Severe, irreversible, fixed elevation of pulmonary vascular resistance; and Uncorrected atherosclerotic disease with suspected or confirmed end-organ ischemia or dysfunction and/or coronary artery disease not amenable to revascularization. Edited malignancy contraindication to not specify within 2 years, and added exceptions early stage prostate cancer, cancer that has been completely resected, or that has been treated and poses acceptable future risk.	03/20	04/20

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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