Lung and Lobar Lung Transplant

I. Policy

University Health Alliance (UHA) will reimburse for lung and lobar lung transplants when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. Lung transplantation is covered (subject to Limitations/Exclusions and Administrative Guidelines) for carefully selected patients with irreversible, progressively disabling, end-stage pulmonary disease unresponsive to maximum medical therapy, including but not limited to one of the conditions listed below.

B. A lobar lung transplant from a living or cadaver donor is covered (subject to Limitations/Exclusions and Administrative Guidelines) for children and adolescents with end-stage pulmonary disease including, but not limited to, one of the conditions listed below:

1. Bilateral bronchiectasis
2. Alpha-1 antitrypsin deficiency
3. Primary pulmonary hypertension
4. Cystic fibrosis (both lungs to be transplanted)
5. Bronchopulmonary dysplasia
6. Postinflammatory pulmonary fibrosis
7. Idiopathic interstitial pulmonary fibrosis
8. Sarcoidosis
9. Scleroderma
10. Lymphangiomomyomatosis
11. Emphysema
12. Eosinophilic granuloma
13. Bronchiolitis obliterans
14. Recurrent pulmonary embolism
15. Pulmonary hypertension due to cardiac disease
16. Chronic obstructive pulmonary disease
17. Eisenmenger’s syndrome

C. Lung or lobar lung re-transplantation after a failed lung or lobar lung transplant is covered (subject to Administrative Guidelines) in patients who meet criteria for lung transplantation.

D. Candidates must meet all of the following criteria:

1. Adequate cardiac status.
2. No history of malignancy within 5 years of transplantation, excluding nonmelanomatous skin cancers.
Lung and Lobar Lung Transplant Payment Policy

3. Documentation of patient compliance with medical management.
4. No contraindications as judged by the transplant center.

Contraindications
A. Potential contraindications subject to the judgement of the transplant center:
   1. Known current malignancy, including metastatic cancer
   2. Recent malignancy with high risk of recurrence
   3. Untreated systemic infection making immunosuppression unsafe, including chronic infection
   4. Other irreversible end-stage disease not attributed to lung disease
   5. History of cancer with a moderate risk of recurrence
   6. System disease that could be exacerbated by immunosuppression
   7. Psychosocial conditions or chemical dependency affecting ability to adhere to therapy
B. Policy specific:
   1. Coronary artery disease (CAD) not amenable to percutaneous intervention or bypass grafting, or associated with significant impairment of left ventricular function*; or
   2. Colonization with highly resistant or highly virulent bacterial, fungi, or mycobacteria
* Some patients may be candidates for combined heart-lung transplantation.
C. Patients must meet United Network for Organ Sharing (UNOS) guidelines for lung allocation score (LAS) greater than zero.

Lung Specific
A. Bilateral lung transplantation is typically required when chronic lung infection disease is present, i.e., associated with cystic fibrosis and bronchiectasis. Some, but not all, cases of pulmonary hypertension will require bilateral lung transplantation.
B. Bronchiolitis obliterans is associated with chronic lung transplant rejection, and thus may be the etiology of a request for repeat lung transplantation.

NOTE:
This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Administrative Guidelines
A. Prior authorization is required for a transplant evaluation and for the transplant itself and should be submitted by the proposed treating facility.
B. To request prior authorization, please submit via UHA’s online portal.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>32850</td>
<td>Donor pneumonectomy(s) (including cold preservation), from cadaver donor</td>
</tr>
<tr>
<td>32851</td>
<td>Lung transplant, single; without cardiopulmonary bypass</td>
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<tr>
<td>32852</td>
<td>Lung transplant, single; with cardiopulmonary bypass</td>
</tr>
<tr>
<td>32853</td>
<td>Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass</td>
</tr>
<tr>
<td>32854</td>
<td>Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass</td>
</tr>
<tr>
<td>32855</td>
<td>Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral</td>
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<tr>
<td>32856</td>
<td>Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral</td>
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<th>HCPCS Code</th>
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<tr>
<td>S2060</td>
<td>Lobar lung transplantation</td>
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<tr>
<td>S2061</td>
<td>Donor lobectomy (lung) for transplantation, living donor</td>
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### IV. Policy History

- **Policy Number:** MPP-0050-120301
- **Current Effective Date:** 08/08/2018
- **Original Document Effective Date:** 03/01/2012
- **Previous Revision Dates:** 03/01/2013
- **PAP Approved Date:** 03/01/2012