Lung Transplants

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Lung transplantation refers to the transplantation of one or both lungs. In a single-lung transplant, only one lung from a deceased donor is provided to the recipient. In a double-lung transplant, both lungs are replaced by a donor.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	Federal Register / Vol. 60, No. 22 / Thursday, February 2, 1995 Medicare Program; Criteria for Medicare Coverage of Lung Transplants

See page 6538 (second page of document), middle of second column of the following link:
A. Specific Clinical Conditions Required for Lung Transplantation Coverage

Note: "Medicare will cover lung transplants for beneficiaries with progressive endstage pulmonary disease and when performed" at a Medicare-approved lung transplant facility. "Medicare will also cover lung transplantation for end-stage cardiopulmonary disease when it is expected that transplant of the lung will result in improved cardiac function." As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the Quality, Certification and Oversight Reports (QCOR) web site. The List may be downloaded in Microsoft Excel format. Click "Resources" at the top of the main QCOR page. Select "List of CMS-Approved Organ Transplant Programs" link.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Documentation of either progressive end-stage pulmonary disease or end-stage cardiopulmonary-disease;
- The facility where the transplant will take place (this is because lung transplants must be performed in a facility approved by Medicare as meeting institutional coverage criteria).

CROSS REFERENCES

Heart-Lung Transplants, Transplant, Policy No. M-TRA03

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) Transplant Program Requirements web page
2. HHS Web Archive | HHS.gov
3. Federal Register Volume 77, Number 170 (Friday, August 31, 2012), Rules and Regulations, Pages 53257-53750
4. Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, §10.11 – Transplant Services

CODING

NOTE: HCPCS S-codes are not payable by Medicare, and therefore, are not payable for the health plan's Medicare Advantage members.

Codes	Number	Description
CPT	32850	Donor pneumonectomy (including cold preparation), from cadaver donor
	32851	Lung transplant, single; without cardiopulmonary bypass
	32852	Lung transplant, single; with cardiopulmonary bypass
	32853	Lung transplant, double (bilateral, sequential, or en bloc); without cardiopulmonary bypass
	32854	Lung transplant, double (bilateral, sequential, or en bloc); with cardiopulmonary bypass
	32855	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
	32856	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
HCPCS	S2060	Lobar lung transplantation *(Not recognized by Medicare for payment)*
	S2061	Donor lobectomy (lung) for transplantation, living donor *(Not recognized by Medicare for payment)*

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*