Lung Transplant Criteria

<table>
<thead>
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<th>Iowa Medicaid Program:</th>
<th>Pre-procedure</th>
<th>Effective Date:</th>
<th>9/11/2009</th>
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<tbody>
<tr>
<td>Revision Number:</td>
<td>4</td>
<td>Last Review Date:</td>
<td>1/4/2018</td>
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<tr>
<td>Reviewed By:</td>
<td>Lung Transplant Specialist</td>
<td>Next Review Date:</td>
<td>1/2019</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Medicaid Medical Director</td>
<td>Approved Date:</td>
<td>3/13/2018</td>
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Criteria:
1. Lung transplants are covered for members having end-stage pulmonary disease.
2. Must have clearance from Psycho/Social necessity consult. Evaluation should include an assessment of the patient’s ability to give informed consent and comply with instruction including drug therapy, as well as assessment of the support systems in place at home or in the community (Level of Evidence: C)
3. Dental exam and clearance must be provided.
4. Must be abstinent of all street drugs and alcohol. Physician documentation must specifically address abstinence. Need for laboratory testing to confirm sobriety may be at the discretion of the attending physician.
5. Documentation of underlying co-morbidity must be provided.
6. Pertinent lab values must be provided.
7. Results from a ventilation-perfusion scan are preferred.
8. ChestComputed Tomography and/or chest x-ray.
10. Pulmonary rehab notes showing satisfactory compliance and attendance.
11. Cardiac catheterization results.
12. Results from a tuberculosis skin test.
13. Pulmonary function tests with FEV1 of 25 percent of the predicted value or less with arterial blood gas results.

Contraindications:
Transplantation cannot be approved in the presence of the following:
1. Substance addiction (e.g., alcohol, tobacco, or narcotics) that is either active or within the last six months.
2. Malignancy in the last two years, with the exception of cutaneous squamous and basal cell tumors. In general, a five-year disease-free interval is prudent.
3. Untreatable advanced dysfunction of another major organ system. (Exception for dual-organ transplants).
4. Incurable chronic infection including chronic active viral hepatitis B, hepatitis C, and human immunodeficiency virus.
5. Documented non-compliance or inability to follow through with medical therapy or office follow-up, or both.
6. Any psychiatric or psychological condition resulting in the inability to cooperate or comply with medical therapy.
7. Absence of a consistent or reliable social support system.
Other coverage issues:
  - Lung transplants require pre-procedure review and approval.
  - Covered lung transplants are only payable when performed in a facility that meets the requirements under 441-78.3(10).
  - Criteria for covered heart-lung transplants are found under criteria for heart transplants.
  - Donor expenses incurred directly in connection with a covered transplant are payable.
  - Expenses incurred for complications that arise with respect to the donor are covered only if they are directly and immediately attributed to surgery.
  - Expenses of searching for a donor are not covered.

CPT Codes:
32851
32852
32853
32854

References Used:
441 IAC 78.1(20)"a"(6).
Listing Criteria for Heart Transplantation (Guidelines) (J Heart Lung Transplant 2006:25(9): 1024-1042)

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:
<table>
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<th>Change Date:</th>
<th>Changed By:</th>
<th>Description of Change:</th>
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<tr>
<td>1/18/13</td>
<td>CAC</td>
<td>Re-ordering and new information added to Criteria #1-#12. Added Contraindications. Added information under References.</td>
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<tr>
<td>3/22/13</td>
<td>Policy staff</td>
<td>Additions to criteria to reflect details contained in 441 IAC 78.1(20)&quot;a&quot;(6).</td>
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<tr>
<td>11/27/13</td>
<td>Lung Transplant Specialist</td>
<td>Criterion #10 - added “showing satisfactory compliance and attendance”. Criterion #13 - added “with FEV1 of 25 percent of the predicted value or less with arterial blood gas results”.</td>
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<td>1/16/15</td>
<td>Medical Director</td>
<td>Added last paragraph in References Used.</td>
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C. David Smith, MD