UTILIZATION MANAGEMENT POLICY

TITLE: LUNG TRANSPLANTATION

EFFECTIVE DATE: March 16, 2020

This policy was developed with input from specialists in pulmonology, thoracic surgery and transplants, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions

A. Transplant or graft is a portion of the body or a complete organ removed from its natural site and transferred to a separate site in the same or different individual.

B. Living donor lung transplant is the transplantation of lung tissue, typically one lower lobe from each of two donors, from living donors to the recipient.

C. The Lung Allocation Score (LAS) is now used to place individuals on the lung waiting list. The LAS takes into account the severity of the illness pre-transplant including the likelihood of death on the waiting list and the likelihood of survival one year post-transplant. The LAS is a dynamic measurement that is updated on a regular basis according to a follow-up schedule determined by UNOS. Waiting time on the list is no longer an important criterion. For additional information go to: https://optn.transplant.hrsa.gov/resources/allocation-calculators/las-calculator/. Accessed December 27, 2019.

D. Transplant evaluation is a physical and psychosocial exam to determine if an individual is an acceptable candidate for transplantation. The specific exams and tests depend on the individual’s diagnosis and health history and vary from hospital to hospital. Tests may include the following: cardiac evaluation; lung function tests; lab tests, including blood typing, chemistry panels, and serology testing for hepatitis, HIV and other common viruses; appropriate cancer surveillance, as indicated (e.g., colonoscopy, pap smear, mammogram, prostate cancer screening); dental evaluation with treatment of existing problems; psychosocial evaluation. Additional testing or clearance may be required to address other significant coexisting medical conditions.

BENEFIT CONSIDERATIONS

1. Prior authorization is required for:
   - Lung Transplant Evaluation
   - Lung Transplantation
• Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member’s plan document.
3. Medica has entered into separate contracts with designated facilities to provide transplant-related health services, as described in the member’s plan document.
4. Complex cases require medical director or external review and, as necessary, discussion with the individual’s physician.
5. Underlying co-morbidity that significantly alters risk/benefit of transplant may preclude transplant eligibility.
6. If the Medical Necessity Criteria and Benefit Considerations are met, Medica will authorize benefits within the limits in the member’s plan document.
7. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual’s case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in their Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

I. Indications for Lung Transplant Evaluation [For multiorgan transplant, the individual must meet criteria for each organ. Please refer to applicable Medica UM policy.]

Documentation in the medical records indicates that the individual has a diagnosis of end-stage pulmonary disease (e.g., caused by cystic fibrosis, bronchiectasis, chronic obstructive pulmonary disease, emphysema, alpha 1 antitrypsin deficiency, primary pulmonary hypertension, alveolar proteinosis, idiopathic pulmonary fibrosis), defined as a high (greater than 50%) risk of death from lung disease within two years if lung transplantation is not performed.

II. Indications for Lung Transplantation

Documentation in the medical records indicates that all of the following are met:
A. The individual meets the institution’s suitability criteria for transplant
B. Individual meets the criteria in Section I.

III. Indications for Lung Retransplantation

Documentation in the medical records indicates that all of the following criteria are met:
A. Failed previous lung transplant
B. All of the criteria in section II are met
C. No history of behaviors since the previous transplant that would jeopardize a subsequent transplant.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

• For Medicare members, refer to the following, as applicable at: http://www.cms.hhs.gov/mcd/search.asp?

DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Original Effective Date</th>
<th>January 1, 1991</th>
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<tbody>
<tr>
<td>Administrative Updates</td>
<td>05/01/2017</td>
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References:

Pre-06/2016 MPC:


06/2016 MPC:

02/2017 MPC:


02/2018 MPC:


02/2019 MPC:
No new references

02/2020 MPC: