



Medica Central Utilization Management Policy

Title: Lung Transplantation MP9615 (III-TRA.11)

Effective Date: July 01, 2025

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 Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage 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

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longer an important criterion. For additional information go to:

<https://optn.transplant.hrsa.gov/resources/allocation-calculators/las-calculator/>. Accessed December 17, 2021.

- 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, The Health Plan 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**
(NOTE: For multiorgan transplant, the individual must meet criteria for each organ. Please refer to applicable 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, pulmonary arterial hypertension, alveolar proteinosis, idiopathic pulmonary fibrosis, interstitial lung disease, acute respiratory distress syndrome (ARDS), including COVID-19-associated ARDS).

- 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

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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:
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

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Administrative Updates	

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