Clinical Review Criteria
Heart/Lung Transplant

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Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Heart Transplants (260.9) and the Medicare Approved Transplant Programs</td>
</tr>
<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>None</td>
</tr>
<tr>
<td>Local Coverage Article</td>
<td>None</td>
</tr>
</tbody>
</table>

For Non-Medicare Members

MCG* S-535 (heart transplant) & MCG* S-1300 (lung transplant) current edition Inpatient and Surgical Care Guidelines Clinical Indications for heart transplant and lung transplant must be met.

*MCG Manuals are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:

- Copy of final summary report from multidisciplinary transplant team

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background
This service is covered when it is medically necessary and identified as a benefit in the consumer’s coverage contract. Kaiser Permanente adopted the MCG Guideline for medical necessity decision making.

Evidence and Source Documents
The scientific literature is periodically reviewed and patient selection criteria are updated when new efficacy data becomes available.

Kaiser Permanente Committee on Medically Emerging Technology
Transplant, Lung, Double - 7/12/91 - Double lung transplantation is efficacious for appropriately selected patients.
Transplant, Lung, Single - 7/12/91 Single lung transplantation is efficacious for appropriately selected patients.

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MDCRPC Medical Director Clinical Review and Policy Committee
MPC Medical Policy Committee

<table>
<thead>
<tr>
<th>Revision History</th>
<th>Description</th>
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**Codes**
CPT: 33930, 33933, 33935, 33940, 33944, 33945