Clinical Review Criteria
Lung Transplant

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Criteria
For Medicare Members
Must be provided by a Medicare certified provider and meet the provider criteria for eligibility. See Medicare Transplant Program Application Requirements

For Non-Medicare Members
Kaiser Permanente has elected to use the Inpatient and Surgical Care Guidelines Clinical Indications for Lung Transplant (S-1300) (MCG)* for medical necessity determinations.

*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 for heart transplant eligibility, 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 provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background
Lung transplant is a last resort treatment for end stage lung disease. The first human transplant was conducted in 1965. The first successful single lung transplant was done in 1983. The diseases treated by lung transplants include:
• chronic obstructive pulmonary disease (COPD), including emphysema;
• idiopathic pulmonary fibrosis;
• cystic fibrosis;
• idiopathic (formerly known as "primary") pulmonary hypertension;
• alpha 1-antitrypsin deficiency;
• replacing previously transplanted lungs that have since failed;
• other causes, including bronchiectasis and sarcoidosis.

Prior to 2005, donor lungs were allocated by the United Network for Organ Sharing on a first-come, first-serve basis to patients on the transplant list. This was replaced by the current system, in which prospective lung recipients of age of 12 and older are assigned a lung allocation score or LAS, which takes into account various measures of the patient's health. The new system allocates donated lungs according to the immediacy of need rather than how long a patient has been on the transplant list. Patients who are under the age of 12 are still given priority based on how long they have been on the transplant waitlist. The length of time spent on the list is also the deciding factor when multiple patients have the same lung allocation score.
Patients who are accepted as good potential transplant candidates must carry a pager with them at all times in case a donor organ becomes available. These patients must also be prepared to move to their chosen transplant center at a moment's notice and relocate to within close proximity of the center. Such patients may be encouraged to limit their travel within a certain geographical region in order to facilitate rapid transport to a transplant center.

**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

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**Codes**

CPT: 32850, 32851, 32852, 32853, 32854, S2060, 0494T, 0495T, 0496T