

Heart Transplants

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

A heart transplant, or cardiac transplantation, consists of replacing a diseased heart with a healthy donor heart.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: Ventricular assist devices (VAD) and artificial hearts are addressed in a separate Medicare Advantage medical policy (see Cross References).

CMS Coverage Manuals* None

National Coverage Determinations (NCDs)* Heart Transplants ([260.9](#))

As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the [Quality, Certification and Oversight Reports \(QCOR\) web site](#). The List

may be downloaded in Microsoft Excel format. A link to the list is under “Resources”, which can be found at the top of the main QCOR page, and is a downloadable Excel spreadsheet.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- The facility where the transplant will take place (this is because heart transplants must be performed in a facility approved by Medicare as meeting institutional coverage criteria).

CROSS REFERENCES

[Extracorporeal Membrane Oxygenation \(ECMO\) for the Treatment of Cardiac and Respiratory Failure in Adults](#), Medicine, Policy No. M-152

[Ventricular Assist Devices and Total Artificial Hearts](#), Surgery, Policy No. M-52

[Heart/Lung Transplants](#), Transplant, Policy No. M-03

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) [Transplant Program Requirements](#) web page
2. Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, [§10.11 – Transplant Services](#)

CODING

Codes	Number	Description
CPT	33940	Donor cardiectomy (including cold preservation)
	33944	Backbench standard preparation of donor cadaver heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
	33945	Heart transplant, with or without recipient cardiectomy
HCPCS	None	

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.