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Medicare Advantage Policy Manual

Policy ID: M-TRA03

## Heart-Lung 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, including care that may be both medically reasonable and necessary.*

*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 Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. 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 a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). 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. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

Heart-lung transplantation refers to the transplantation of one or both lungs and the heart from a single cadaver donor.

## MEDICARE ADVANTAGE POLICY CRITERIA

### CMS Coverage Manuals\*

Federal Register / Vol. 60, No. 22 / Thursday, February 2, 1995  
Medicare Program; Criteria for Medicare Coverage of Lung Transplants

*See page 6538 (second page of document), middle of second column of the following link:*

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## [A. Specific Clinical Conditions Required for Lung Transplantation Coverage](#)

**Note:** Medicare will “cover heart-lung transplants for beneficiaries with progressive end-stage cardiopulmonary disease when they are provided in a facility that has been approved by Medicare for both heart and lung transplantation.”<sup>[1,2]</sup> 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. Click “Resources” at the top of the main QCOR page. Select “List of CMS-Approved Organ Transplant Programs” link.

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## 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:

- Documentation of either progressive end-stage pulmonary disease or end-stage cardiopulmonary-disease;
- The facility where the transplant will take place (this is because heart-lung transplants must be performed in a facility approved by Medicare as meeting institutional coverage criteria).

## CROSS REFERENCES

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

[Heart Transplants](#), Transplant, Policy No. M-02

[Lung Transplants](#), Transplant, Policy No. M-08

## REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) [Transplant Program Requirements](#) web page
2. [HHS Web Archive | HHS.gov](#)
3. Federal Register Volume 77, Number 170 (Friday, August 31, 2012), Rules and Regulations, [Pages 53257-53750](#)
4. Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, [§10.11 – Transplant Services](#)

## CODING

Codes	Number	Description
CPT	33930	Donor cardiectomy-pneumonectomy, (including cold preparation)
	33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy

**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.