

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Heart Transplantation (Adult and Pediatric)

MP9613

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: See Member Certificate or Summary Plan Description regarding services available for coverage.

For multiorgan transplant, the member must meet criteria for each organ. Please refer to applicable medical policy.

See [Mechanical Circulatory Support Devices MP9528](#) for ventricular assist devices (VADs) and total artificial heart devices.

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 Heart **Transplantation** (Adult and Pediatric) **Evaluation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicate that the member has a diagnosis of heart disease refractory to other appropriate medical or surgical therapy due to **ONE** of the following conditions:

- 1.1 New York Heart Associate (see Appendix 1) functional Class III-IV or American Heart Association Stage D congestive heart failure; including but not limited to: idiopathic, ischemic, valvular, congenital, hypertrophic, familial, or other forms of cardiomyopathy.
- 1.2 Disabling heart disease, including refractory congestive heart failure or intractable angina on maximal medical therapy and not surgically correctable.
- 1.3 Congenital heart defects, that have failed previous surgical correction or that are not amenable to other medical or surgical intervention including, but not limited to:
 - 1.3.1 Hypoplastic left heart syndrome

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

- 1.3.2 Transposition of the great arteries
- 1.3.3 Tricuspid atresia
- 1.3.4 Pulmonary atresia
- 1.3.5 Single ventricle with associated defects
- 1.3.6 Complex truncus arteriosus
- 1.3.7 Severe atrioventricular canal
- 1.3.8 Severe Ebstein's anomaly
- 1.3.9 Tetralogy of Fallot
- 1.4 Primary cardiac tumors without metastasis
- 1.5 Recurrent life-threatening arrhythmias not otherwise correctable
- 2.0 Heart **Transplantation requires** prior authorization through the Health Services Division and is considered medically necessary when the medical records indicate that **ALL** of the following are met:
 - 2.1 The member meets the institution's suitability criteria for transplant; **AND**
 - 2.2 **ALL** of the criteria in section (1.0) are met
- 3.0 Heart **Retransplantation requires** prior authorization through the Health Services Division and is considered medically necessary when the medical records indicate **ALL** of the following criteria are met:
 - 3.1 Failed previous heart transplantation; **AND**
 - 3.2 **ALL** of the criteria in section (2.0) are met; **AND**
 - 3.3 No history of behaviors since the previous transplant that would jeopardize a subsequent transplant

APPENDIX 1 – Heart Failure Classification

New York Heart Association (NYHA) Functional Classification

Class	Patient Symptoms
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity causes fatigue, palpitation, or dyspnea.
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.
Class	Objective Assessment

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

A	No objective evidence of cardiovascular disease. No symptoms and no limitation in ordinary physical activity.
B	Objective evidence of minimal cardiovascular disease. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
C	Objective evidence of moderately severe cardiovascular disease. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
D	Objective evidence of severe cardiovascular disease. Severe limitations. Experiences symptoms even while at rest.

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	December 21, 2022
Revised:	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024
Reviewed:	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	March 20, 2024

Published: 04/01/2024
Effective: 04/01/2024