

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/Lung Transplantation

MP9612

Covered Service: Yes

Prior Authorization Required: Yes

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

For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy.

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/Lung **Transplantation Evaluation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that the member has a diagnosis of end-stage pulmonary vascular disease with end-stage non-reversible cardiac disease due to **ONE** of the following conditions:
 - 1.1 Diagnosis of Eisenmenger's syndrome with a cardiac defect not amenable to surgical repair
 - 1.2 Primary pulmonary hypertension
 - 1.3 Irreversible disease of one or both lungs with severe cardiac disease not otherwise treatable
- 2.0 Heart/Lung **Transplantation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **BOTH** 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

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3.0 Heart/Lung **Retransplantation requires** prior authorization and is considered medically necessary when documentation in the medical records indicates that **ALL** of the following criteria are met:

- 3.1 Failed previous heart/lung 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

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