

**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.**

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## Lung Transplantation

**MP9615**

**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.

**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 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 disease, such as **ANY** of the following:
- 1.1 Cystic fibrosis
  - 1.2 Bronchiectasis
  - 1.3 Chronic obstructive pulmonary disease
  - 1.4 Emphysema
  - 1.5 Alpha 1 antitrypsin deficiency
  - 1.6 Primary pulmonary hypertension
  - 1.7 Alveolar proteinosis
  - 1.8 Idiopathic pulmonary fibrosis
  - 1.9 Interstitial lung disease
  - 1.10 Acute respiratory distress syndrome (ARDS), including COVID-19-associated ARDS.

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- 2.0 Lung **Transplantation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicate that **ALL** of the following criteria are met:
- 2.1 The member meets the institution's suitability criteria for transplant; **AND**
  - 2.2 Member meets the criteria in Section (1.0)
- 3.0 Lung **Retransplantation requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
- 3.1 Failed previous lung transplant; **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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