Medical Policy
Lung and Lobar Lung Transplant

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Policy Number: 015
BCBSA Reference Number: 7.03.07
NCD/LCD: NA

Related Policies
- Heart/Lung Transplant, #269
- Outpatient Pulmonary Rehabilitation, #136

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Lung transplantation may be considered MEDICALLY NECESSARY for carefully selected patients with irreversible, progressively disabling, end-stage pulmonary disease unresponsive to maximum medical therapy.

Lobar lung transplant from a living or deceased donor may be considered MEDICALLY NECESSARY for carefully selected patients with end-stage pulmonary disease.

Etiologies of End-Stage Lung Disease
- Bilateral bronchiectasis
- Alpha-1 antitrypsin deficiency
- Primary pulmonary hypertension
- Cystic fibrosis (both lungs to be transplanted)
- Bronchopulmonary dysplasia
- Postinflammatory pulmonary fibrosis
- Idiopathic/interstitial pulmonary fibrosis
- Sarcoidosis
- Scleroderma
- Lymphangiomoyomatosis
- Emphysema
- Eosinophilic granuloma
- Bronchiolitis obliterans
• Recurrent pulmonary embolism
• Pulmonary hypertension due to cardiac disease
• Chronic obstructive pulmonary disease
• Eisenmenger’s syndrome.

Lung or lobar lung transplants in patients with any of the following conditions are **NOT MEDICALLY NECESSARY**:
1. Known active malignancy, including metastatic cancer
2. Recently treated malignancy with a high risk of recurrence
   **Note:** the assessment of risk of recurrence of a recently treated malignancy is made by the transplant team; providers must submit a statement with an explanation of why the patient with a recently treated malignancy is an appropriate candidate for a transplant.
3. Untreated systemic infection making immunosuppression unsafe, including chronic infection
4. Other irreversible end-stage disease not attributed to lung disease
5. History of cancer with a moderate risk of recurrence
6. Systemic disease that could be exacerbated by immunosuppression
7. Psychosocial conditions or chemical dependence affecting the ability to adhere to therapy
8. Coronary artery disease not amenable to percutaneous intervention or bypass grafting, or associated with significant impairment of left ventricular function, or
9. Colonization with highly resistant or highly virulent bacteria, fungi, or mycobacteria.

Lung or lobar lung retransplantation after a failed lung or lobar lung transplant may be considered **MEDICALLY NECESSARY** in patients who meet criteria for lung transplantation.

Lung or lobar lung transplantation is considered **INVESTIGATIONAL** in all other situations.

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td><strong>Commercial Managed Care (HMO and POS)</strong></td>
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<tr>
<td><strong>Commercial PPO and Indemnity</strong></td>
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<tr>
<td><strong>Medicare HMO BlueSM</strong></td>
</tr>
<tr>
<td><strong>Medicare PPO BlueSM</strong></td>
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</tbody>
</table>

**CPT Codes / HCPCS Codes / ICD Codes**
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:
CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>32851</td>
<td>Lung transplant, single; without cardiopulmonary bypass</td>
</tr>
<tr>
<td>32852</td>
<td>Lung transplant, single; with cardiopulmonary bypass</td>
</tr>
<tr>
<td>32853</td>
<td>Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass</td>
</tr>
<tr>
<td>32854</td>
<td>Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass</td>
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HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>S2060</td>
<td>Lobar lung transplantation</td>
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ICD-10 Procedure Codes

<table>
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<tr>
<th>ICD-10-CM Diagnosis codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>0BYC0Z0</td>
<td>Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYC0Z1</td>
<td>Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0BYD0Z0</td>
<td>Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYD0Z1</td>
<td>Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0BYF0Z0</td>
<td>Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYF0Z1</td>
<td>Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0BYG0Z0</td>
<td>Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYG0Z1</td>
<td>Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0BYH0Z0</td>
<td>Transplantation of Lung Lingula, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYH0Z1</td>
<td>Transplantation of Lung Lingula, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0BYJ0Z0</td>
<td>Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0BYJ0Z1</td>
<td>Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach</td>
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<td>Transplantation of Right Lung, Allogeneic, Open Approach</td>
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<td>Transplantation of Bilateral Lungs, Syngeneic, Open Approach</td>
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Description

END-STAGE LUNG DISEASE

End-stage lung disease may be the consequence of a number of different etiologies. The most common indications for lung transplantation are chronic obstructive pulmonary disease, idiopathic pulmonary fibrosis, cystic fibrosis, alpha-1 antitrypsin deficiency, and idiopathic pulmonary arterial hypertension.

Treatment

Before consideration for transplant, patients should be receiving maximal medical therapy, including oxygen supplementation, or surgical options, such as lung-volume reduction surgery for chronic obstructive pulmonary disease. Lung or lobar lung transplantation is an option for patients with end-stage lung disease despite these measures.

A lung transplant refers to single-lung or double-lung replacement. In a single-lung transplant, only 1 lung from a deceased donor is provided to the recipient. In a double-lung transplant, both the recipient's lungs are removed and replaced by the donor's lungs. In a lobar transplant, a lobe of the donor's lung is excised, sized appropriately for the recipient's thoracic dimensions, and transplanted. Donors for lobar transplant have primarily been living-related donors, with 1 lobe obtained from each of 2 donors.
(generally friends or family members) in cases for which bilateral transplantation is required. There are also cases of cadaver lobe transplants.

Since 2005, potential recipients have been ranked according to the Lung Allocation Score. Patients 12 years of age and older receive a score between 1 and 100 based on predicted survival after transplantation reduced by predicted survival on the waiting list; the Lung Allocation Score takes into consideration the patient’s disease and clinical parameters. In 2010, a simple priority system was implemented for children younger than age 12 years. Under this system, children younger than 12 years with respiratory lung failure and/or pulmonary hypertension who meet criteria are considered “priority 1” and all other candidates in the age group are considered “priority 2.” A lung review board has the authority to adjust scores on appeal for adults and children.

Summary
For individuals who have end-stage pulmonary disease who receive lung transplantation, the evidence includes case series and registry studies. Relevant outcomes are overall survival, change in disease status, and treatment-related mortality and morbidity. International registry data on a large number of patients receiving lung transplantation (>50,000) found relatively high patient survival rates, especially among patients who survived the first year posttransplant. After adjusting for potential confounding factors, survival did not differ significantly after single- or double-lung transplant. Lung transplantation may be the only option for some patients with end-stage lung disease. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have end-stage pulmonary disease who receive lobar lung transplantation, the evidence includes case series and systematic reviews. Relevant outcomes are overall survival, change in disease status, and treatment-related mortality and morbidity. There are less data on lung lobar transplants than on whole-lung transplants, but several case series have reported reasonably similar survival outcomes between the procedures, and lung lobar transplants may be the only option for patients unable to wait for a whole-lung transplant. A 2017 systematic review found 1-year survival rates in the available published studies ranging from 50% to 100%. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a prior lung or lobar transplant who meet criteria for a lung transplant who receive a lung or lobar lung retransplant, the evidence includes case series and registry studies. Relevant outcomes are overall survival, change in disease status, treatment-related mortality and morbidity. Data from registries and case series have found favorable outcomes with lung retransplantation in patients who meet criteria for initial lung transplantation. Given the exceedingly poor survival without retransplantation of patients who have exhausted other treatments, evidence of a moderate level of posttransplant survival is sufficient in this patient population. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>1/2018</td>
<td>Clarified coding information.</td>
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<tr>
<td>10/2017</td>
<td>BCBSA National medical policy review. Conditions for covered indications moved to Policy Guidelines. 10/1/2017</td>
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<tr>
<td>8/2015</td>
<td>Added coding language.</td>
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<tr>
<td>3/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>10/2014</td>
<td>Coding information clarified.</td>
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<tr>
<td>5/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<tr>
<td>12/2013</td>
<td>Removed ICD-9 diagnosis codes as the policy requires prior authorization</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


