Lung Transplant
SRG-011

Iowa Medicaid Program	Pre-Procedure	**Effective Date**	09/11/2009
Revision Number	9	**Last Reviewed**	07/17/2026
Reviewed By	Lung Transplant Consultant, MMD	**Next Review**	07/16/2027
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	09/21/2019

Criteria

Pre-procedure review is required.

Lung transplants are considered medically necessary when **ALL** the following are met:

1. Members having end-stage pulmonary disease; **AND**
2. Must have clearance from psycho/social necessity consult. Evaluation should include an assessment of the member's ability to give informed consent and comply with instructions including drug therapy, as well as assessment of the support systems in place at home or in the community (Level of Evidence: C); **AND**
3. Dental exam and clearance must be provided; **AND**
4. Must be abstinent of all street drugs and alcohol. Physician documentation must specifically address abstinence. Need for laboratory testing to confirm sobriety may be at the discretion of the attending physician; **AND**
5. Documentation of underlying co-morbidity must be provided; **AND**
6. Pertinent lab values must be provided; **AND**
7. Results from a ventilation-perfusion scan are preferred; **AND**
8. Chest computed tomography and/or chest x-ray; **AND**
9. Abdominal ultrasound study; **AND**
10. Pulmonary rehab notes showing satisfactory compliance and attendance; **AND**
11. Cardiac catheterization results; **AND**
12. Results from a tuberculosis skin test; **AND**
13. Pulmonary function tests with FEV1 of 25 percent of the predicted value or less with arterial blood gas results.

Contraindications

Transplantation cannot be approved in the presence of the following:

1. Substance addiction (e.g., alcohol, tobacco, narcotics) that is either active or within the last 6 months; **OR**
2. Malignancy in the last 2 years, with the exception of cutaneous squamous and basal cell tumors. In general, a 5-year disease-free interval is prudent; **OR**
3. Untreatable advanced dysfunction of another major organ system (exception for dual-organ transplants); **OR**
4. Incurable chronic infection including chronic active viral hepatitis B, hepatitis C, and human immunodeficiency virus; **OR**
5. Documented non-compliance or inability to follow through with medical therapy or office follow-up, or both; **OR**
6. Any psychiatric or psychological condition resulting in the inability to cooperate or comply with medical therapy; **OR**
7. Absence of a consistent or reliable social support system; **OR**
8. Stroke within 30 days or progressive cognitive impairment noted; **OR**
9. Acute liver failure or issues with portal hypertension unless being considered for multiple organ transplants; **OR**
10. Acute coronary syndrome; **OR**
11. Untreatable hematologic disorder including bleeding diathesis, thrombophilia, or severe bone marrow dysfunction.

Relative Contraindications

1. Relative age limit which can span from 65-75 years of age.
2. Severe or symptomatic osteoporosis.
3. Class I obesity with a BMI of 30-35.
4. Severe or progressive malnutrition.
5. Extensive prior thoracic surgery with lung resection.
6. Various high resistant infectious agents such as Aspergillus, Scedosporium, nontuberculous bacterium, multidrug-resistant bacteria, Burkholderia species.
7. HIV infection with a detectable viral load.

The relative contraindications depend on the expertise of the facility and program.

Other coverage issues

1. Covered lung transplants are only payable when performed in a facility that meets the requirements under Iowa Administrative Code (IAC) 441-78.3(10).
2. Criteria for covered heart-lung transplants are found under criteria for heart transplants.
3. Donor expenses incurred directly in connection with a covered transplant are payable.

4. Expenses incurred for complications that arise with respect to the donor are covered only if they are directly and immediately attributed to surgery.
5. Expenses of searching for a donor are not covered.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

CPT	Description
32851	Lung transplant, single; without cardiopulmonary bypass.
32852	Lung transplant, single; with cardiopulmonary bypass.
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass.
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

441 IAC 78.1(20)”a”(6).

MCG Inpatient and Surgical Care 29th Ed. Last Update: 6/13/2025.

Hachem RR. Lung transplantation: An overview. UpToDate. Topic last updated: Dec 17, 2025. Accessed May 11, 2026

Hartwig MG. Klapper JA. Lung transplantation: procedure and postoperative management. UpToDate. Topic last updated: Apr 06, 2026. Accessed May 11, 2026.

Hachem RR. Lung transplantation: General guidelines for recipient selection. Topic last updated: Feb 18, 2026. Accessed May 11, 2026

Chambers DC. The International Thoracic Organ Transplant Registry of the International Society for Heart and Lung Transplantation: 38 adult lung transplantation report–2021.

Leard LE. Holm AM. Valapour M et. al. Consensus document for the selection of lung transplant candidates: An update from the International Society for Heart and Lung Transplantation. The Journal of Heart and Lung Transplantation. Volume 40, Issue 11P1349-1379 November 2021

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Christie JD. Raemdonck DV. Fisher AJ. Lung Transplantation. VOL. 391 NO. 19November 13, 2024, N Engl J Med 2024; 391:1822-1836

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
07/17/2026	CAC	Specialist Review. No additional updates.	9
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
07/18/2025		Specialist Review. No additional updates.	8
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
04/18/2025	CAC	Annual specialist review. Contraindications and references updated. Presented at April 2025 meeting. The	N/A

Criteria Change History

		committee motioned to move to July 2025 meeting due to further updates needed.	
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/19/2024	CAC	Annual specialist review. Added Relative Contraindications sub-section.	7
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/20/2023	CAC	Annual specialist review.	6
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/21/2022	CAC	Annual specialist review. Formatting changes.	5
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/16/2015	Medical Director	Added last paragraph in References.	4
Signature			
Change Date	**Changed By**	**Description of Change**	**Version**
11/27/2013	Lung transplant consultant	Criterion #10 - added “showing satisfactory compliance and attendance”. Criterion #13 - added “with FEV1 of 25 percent of the predicted value or less with arterial blood gas results”.	3
Signature			
Change Date	**Changed By**	**Description of Change**	**Version**
03/22/2013	Policy	Additions to criteria to reflect details contained in 441 IAC 78.1(20)”a” (6).	2
Signature			
Change Date	**Changed By**	**Description of Change**	**Version**
01/18/2013	CAC	Re-ordering and new information added to Criteria #1-#12. Added Contraindications. Added information under References.	1
Signature			

CAC = Medicaid Clinical Advisory Committee