

Heart Transplants (NCD 260.9)

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[Terms and Conditions](#)

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Related Medicare Advantage Policy Guidelines

- [Artificial Hearts and Related Devices \(Formerly NCD 20.9\)](#)
- [Intensive Cardiac Rehabilitation \(ICR\) Programs \(NCD 20.31\)](#)
- [Percutaneous Ventricular Assist Device](#)

Related Medicare Advantage Coverage Summary

- [Transplants: Organ and Tissue Transplants](#)

Policy Summary

[See Purpose](#)

Overview

Medicare covers cardiac transplantation when performed in a facility which is approved by Medicare as meeting institutional coverage criteria.

Guidelines

Exceptions

Under no circumstances will exceptions be made for facilities whose transplant programs have been in existence for less than 2 years, and applications from consortia will not be approved. In certain limited cases, exceptions to the criteria may be warranted if there is justification and if the facility ensures our objectives of safety and efficacy.

Although consortium arrangements will not be approved for payment of Medicare heart transplants, consideration will be given to applications from heart transplant facilities that consist of more than one hospital where all of the following conditions exist:

- The hospitals are under the common control or have a formal affiliation arrangement with each other under the auspices of an organization such as a university or a legally constituted medical research institute; and
- The hospitals share resources by routinely using the same personnel or services in their transplant programs. The sharing of resources must be supported by the submission of operative notes or other information that documents the routine use of the same personnel and services in all of the individual hospitals. At a minimum, shared resources means:
 - The individual members of the transplant team, consisting of the cardiac transplant surgeons, cardiologists and pathologists, must practice in all the hospitals and it can be documented that they otherwise function as members of the transplant team; and
 - The same organ procurement organization, immunology, and tissue-typing services must be used by all the hospitals;
 - The hospitals submit, in the manner required (Kaplan-Meier method) their individual and pooled experience and survival data; and
 - The hospitals otherwise meet the remaining Medicare criteria for heart transplant facilities; that is, the criteria regarding patient selection, patient management, program commitment, etc.

Pediatric Hospitals

Medicare beneficiaries are covered for cardiac transplantation when performed in a pediatric hospital that performs pediatric heart transplants if the hospital submits an application which CMS approves as documenting that:

- The hospital's pediatric heart transplant program is operated jointly by the hospital and another facility that has been found by CMS to meet the institutional coverage criteria in CMS Ruling 87-1;
- The unified program shares the same transplant surgeons and quality assurance program (including oversight committee, patient protocol, and patient selection criteria); and
- The hospital is able to provide the specialized facilities, services, and personnel that are required by pediatric heart transplant patients.

Follow-Up Care

Follow-up care required as a result of a covered heart transplant is covered, provided such services are otherwise reasonable and necessary. Coverage for follow-up care would be for items and services that are reasonable and necessary, as determined by Medicare guidelines. (See the Medicare Benefit Policy Manual, Chapter 16, "General Exclusions from Coverage," §180.) Follow-up care is also covered for patients who have been discharged from a hospital after receiving a noncovered heart transplant.

Immunosuppressive Drugs

See the Medicare Claims Processing Manuals, Chapter 8, "Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims," §120.1 and Chapter 17, "Drugs and Biologicals," §§80.3.1.

Artificial Hearts

Medicare covers artificial hearts and ventricular assist devices (VAD) when implanted under the coverage criteria stated in NCD 20.9 Artificial Hearts and Related Devices.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	Donor cardiectomy (including cold preservation)
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945	Heart transplant, with or without recipient cardiectomy

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ICD Procedure Code	Description
02YA0Z0	Transplantation of heart, allogeneic, open approach
02YA0Z1	Transplantation of heart, syngeneic, open approach
02YA0Z2	Transplantation of heart, zooplasmic, open approach

References

CMS National Coverage Determinations (NCDs)

[NCD 260.9 Heart Transplants](#)

Reference NCDs: [NCD 20.10.1 Cardiac Rehabilitation Programs for Chronic Heart Failure](#), [NCD 20.31 Intensive Cardiac Rehabilitation \(ICR\) Programs](#), [NCD 20.9 Artificial Hearts and Related Devices](#), [NCD 260.10 Heartsbreath Test for Heart Transplant Rejection](#)

CMS Benefit Policy Manual

[Chapter 15: § 232 Cardiac Rehabilitation \(CR\) and Intensive Cardiac Rehabilitation \(ICR\) Services Furnished On or After January 1, 2010](#)

CMS Claims Processing Manual

[Chapter 3: § 90 Billing Transplant Services, § 90.2 Heart Transplants](#)

[Chapter 32: § 140 Cardiac Rehabilitation Programs, Intensive Cardiac Rehabilitation Programs, and Pulmonary Rehabilitation Programs](#)

CMS Transmittal(s)

[Transmittal 2427, Change Request 11491, Dated 02/04/2020 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2020 Update\)](#)

[Transmittal 95, Change Request 6185, Dated 09/10/2008 \(Artificial Hearts\)](#)

MLN Matters

[Article MM6636, Heartsbreath Test for Heart Transplant Rejection](#)

Other(s)

[Transplant Centers, CMS Website](#)

[Provider Inquiry Assistance, Heartsbreath Test for Heart Transplant Rejection - JA6366, CMS Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
8/12/2020	Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG126.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support

coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).