Medicare Advantage       X Commercial

Transplant: Pediatric Heart Policy

I. Purpose
Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Transplant: Pediatric Heart.

II. Scope
All Utilization Management (UM) staff conducting physical and behavioral health UM review.

III. Exceptions
A. All other medical and surgical therapies that might be expected to yield both short and long-term survival comparable to that of transplantation must have been tried or considered.
B. Members must complete stringent physical and age appropriate psychological evaluation to determine eligibility for transplant. Transplants will not be covered for members who have other serious medical problems or are not psychologically willing to undergo the stressful surgery and postoperative care necessary.

IV. Definitions
None

V. Policy Statements

A. IU Health Plans considers a pediatric heart transplant medically necessary for members under the age of 18 who meet all of the following criteria:

1. The member’s caregiver or established social support network (which may include the mother and/or father, other family members, foster care parents, professional health providers, or some combination) must meet all of the following:
   a. Be capable of long-term intensive care of the child
   b. Be able to support the exceptional needs of the child

2. Clinical indications for heart transplantation include all of the following:
a. Low cardiac output
b. Estimated life expectancy of less than one year without a transplant
c. Symptoms refractory or intolerable despite maximal medical therapy with digitalis, diuretics, and vasodilators at maximally-tolerated doses
d. Any one of the following underlying conditions:
   1. Hypoplastic left heart syndrome with right ventricular dysfunction
   2. Multiple obstructive cardiac neoplasms
   3. Severe cardiomyopathy
   4. Severe Ebstein’s anomaly in early infancy
   5. Complex single ventricle with systemic outflow obstruction
   6. Single ventricle of right ventricular type with arterio-venous (AV) valve regurgitation
   7. Pulmonary atresia with significant obstructive anomalies of the coronary arteries and intact ventricular septum and sinusoids
   8. Severe intra-uterine AV valve insufficiency and ventricular dysfunction
   9. Severe endocardial fibroelastosis
   10. Complex heart disease associated with the Asplenia Syndrome

VI. Background
The International Society for Heart and Lung Transplantation estimates about 350-500 pediatric heart transplantation procedures are conducted each year. The majority of transplant recipients have a five year survival rate of more than 70%. The leading cause for infants and children are congenital malformations and cardiomyopathy, respectively.

According to the OPTN & SRTR Annual Data Report of 2012, the number of heart transplants performed annually continues to increase gradually. From 1998 to 2004, the number of heart transplants decreased by 14.2%. Since then, the number of heart transplants performed annually has increased by 17.1%

VII. Procedures
None

VIII. References/Citations
5. Costanzo MR, Augustine S, et al. Selection and treatment of candidates for heart transplantation. A statement for health professionals from the Committee on Heart Failure and
    http://www.uptodate.com/contents/indications-and-contraindications-for-cardiactransplantation?source=search_result&search=cardiac+transplantation&selectedTitle=1%7E150

IX. Forms/Appendices
X. Responsibility
XI. Approval Body/Approval Signatures