

EVH_CG_2705.MPC Transplant: Pediatric Heart

Maryland Physicians Care considers **Pediatric Heart Transplant** medically necessary for the following indications:

Members under the age of 18 years old requesting heart transplants must meet the specific criteria for recipient characteristics and the specific criteria for the transplant. *(For members 18 years of age or older refer to InterQual criteria.)*

Recipient Characteristics

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 both of the following ⁽¹⁾:

- Be capable of long-term intensive care of the child; and
- Be able to support the exceptional needs of the child.

Specific Criteria for Pediatric Heart Transplant

Clinical indications for heart transplantation in pediatric members include any of the following ^(2,3):

- Stage D heart failure associated with systemic ventricular dysfunction or Stage C associated with severe limitation of exercise/activity, significant growth failure, or life-threatening arrhythmias ⁽²⁾
- A history of heart failure with at least one of the following:
 - Severely limited exercise capacity, operatively defined as peak maximal oxygen consumption <50% predicted for age and sex
 - Significant growth failure that is attributable to heart disease
 - Life-threatening arrhythmias that are untreatable with medications and/or implantable defibrillators
 - Restrictive cardiomyopathy disease that is associated with reactive pulmonary hypertension
- Congenital, anatomic or physiological conditions that are likely to worsen with age and lead to future heart disease, including ⁽⁴⁾:
 - Severe stenoses or atresia in coronary arteries
 - Moderate-severe stenoses and/or insufficiency of the atrioventricular and/or semilunar valves not amenable to repair (e.g., Ebstein's anomaly)
 - Severe ventricular dysfunction
 - Severe arterial oxygen desaturation (cyanosis) not amenable to repair
 - Complex heart disease associated with Asplenia Syndrome

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- Failed single ventricle palliation (particularly with failing Fontan physiology), including ⁽⁵⁾:
 - Chronic heart failure (CHF)
 - Persistent Protein-losing enteropathy (PLE) despite optimal therapy
 - Plastic bronchitis
 - Progressive hepatic fibrosis (Fontan-associated liver disease)

Other congenital heart defects (CHD) that may indicate heart transplantation include ⁽⁴⁾:

- Hypoplastic left heart syndrome
- Ischemic or dilated cardiomyopathies, when no other malformations are present
- Neonatal marfan syndrome
- Situs inversus

Limitations

- 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.
- Members must first undergo stringent physical and age-appropriate psychological evaluation to determine eligibility for transplant. Members should have no other serious medical problems, and they should be psychologically willing to undergo the stressful surgery and postoperative care necessary.

Codes

N/A

Policy History

Date	Summary
February 19, 2026	<ul style="list-style-type: none">● This guideline was renumbered from PA.030 Transplant: Pediatric Heart● Annual Review - Renumbered policy; citation added to Recipient Characteristics; under Specific Criteria for Pediatric Heart Transplant - added citations and updated Indications; added Policy History Log; added new Reference #s 1 and 5

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References

1. Hollander SA, Rose-Felker K, Rosenthal DN. Post-Heart Transplant Care and Long-Term Complications in Children. In: *Pediatric Cardiology*. Springer International Publishing; 2023:1-40. doi:10.1007/978-3-030-42937-9_84-1
2. Canter CE, Shaddy RE, Bernstein D, et al. Indications for Heart Transplantation in Pediatric Heart Disease. *Circulation*. 2007;115(5):658-676. doi:10.1161/CIRCULATIONAHA.106.180449. <https://www.ahajournals.org/doi/10.1161/circulationaha.106.180449>
3. Thrush PT, Hoffman TM. Pediatric heart transplantation-indications and outcomes in the current era. *J Thorac Dis*. 2014;6(8):1080-1096. doi:10.3978/j.issn.2072-1439.2014.06.16. <https://jtd.amegroups.org/article/view/2685/html>
4. Martens S, Tie H, Kehl HG, et al. Heart transplantation surgery in children and young adults with congenital heart disease. *J Cardiothorac Surg*. 2023;18(1):342. doi:10.1186/s13019-023-02461-5. <https://cardiothoracicsurgery.biomedcentral.com/articles/10.1186/s13019-023-02461-5>
5. Kirklin JK. Current challenges in pediatric heart transplantation for congenital heart disease. *Curr Opin Organ Transplant*. 2015;20(5):577-583. doi:10.1097/MOT.0000000000000238

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