

Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs

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<u>Effective Date</u>	3/2009
<u>Next Review Date</u>	8/15/2024
<u>Coverage Policy</u>	Surgical 92
<u>Version</u>	3

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs.

Description & Definitions:

Intestinal and multivisceral transplantation is a surgical procedure with cadaver or living donor organ to replace and repair the damaged structure to restore proper function.

Criteria:

Intestinal transplant is considered medically necessary for **1 or more** of the following:

- Evidence of advanced or progressive intestinal failure associated with liver disease with **1 or more** of the following:
 - Hyperbilirubinemia >75 µmol/L^b (4.5 mg/dL) despite intravenous lipid modification strategies that persists for >2 months
 - Any combination of elevated serum bilirubin, reduced synthetic function (subnormal albumin or elevated international normalized ratio), and laboratory indications of portal hypertension and hypersplenism, especially low platelet count, persisting for >1 month in the absence of confounding infectious event(s)
- Thrombosis of 2 or more major vessels (e.g., jugular, subclavian, and iliac veins) or occlusion of a brachiocephalic vein in children (in adults, this criterion should be evaluated in a case-by-case basis)
- Life-threatening morbidity in the setting of indefinite parenteral nutrition dependence of either anatomical or functional cause as suggested by **1 or more of the** following:
 - In children, 2 admission to an intensive care unit (after initial recovery from the event resulting in intestinal failure) because of cardiorespiratory failure (mechanical ventilation or inotrope infusion) due to sepsis or other complications of intestinal failure
 - In adults, on a case-by-case basis

- Catheter-related sepsis has resulted in repeated episodes of disseminated infections and/or repeated bacteremia
- Invasive intra-abdominal desmoids in adolescents and adults
- Acute diffuse intestinal infarction with hepatic failure
- Failure of first intestinal transplant

Intestinal Transplant with or without Combined Liver Transplant or Other Visceral Organs is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
44132	Donor enterectomy (including cold preservation), open; from cadaver donor
44133	Donor enterectomy (including cold preservation), open; partial, from living donor
44135	Intestinal allotransplantation; from cadaver donor
44136	Intestinal allotransplantation; from living donor
44137	Removal of transplanted intestinal allograft, complete
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
S2053	Transplantation of small intestine and liver allografts
S2054	Transplantation of multivisceral organs
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: August
- 2021: October

- 2019: November
- 2016: May
- 2015: May
- 2013: May, October
- 2011: March

Reviewed Dates:

- 2023: August
- 2020: October
- 2019: October
- 2018: March
- 2017: January
- 2014: May
- 2012: May
- 2010: March

Effective Date:

- March 2009

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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National Coverage Determination (NCD) Intestinal and Multi-Visceral Transplantation (260.5). (2006). Retrieved July 21, 2023, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=280&ncdver=2&keyword=Intestinal&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Organ Transplants. (2023). Retrieved July 21, 2023, from Virginia Department of Medical Assistance Services (DMAS): https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-12/Physician-Practitioner%20Manual%20App%20D%20%28Updated%2012.2.22%29_Final.pdf

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Position Statement on Living Donor and Transplant Candidate Selection Criteria. (2023, Apr). Retrieved Jul 21, 2023, from American Society of Transplantation: https://www.myast.org/sites/default/files/Statement%20on%20Candidate%20Selection%20for%20Transplantation_2023.04.26.pdf

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Intestinal Transplant With or Without Combined Liver Transplant or Other Visceral Organs, SHP Surgical 92, total parenteral nutrition, TPN, liver failure, thrombosis, elevated serum bilirubin, liver enzymes, splenomegaly, thrombocytopenia, gastroesophageal varices, coagulopathy, stomal bleeding, hepatic fibrosis/cirrhosis, systemic sepsis, jugular vein, subclavian vein, femoral vein, line-related fungemia, septic shock, acute respiratory distress syndrome, severe dehydration, intestinal failure, Dysmotility disorders, Hirschsprung's disease, megacystis microcolon, intestinal pseudo obstruction, microvillus inclusion disease, tufting enteropathy, familial adenomatous polyposis, Neoplastic tumors, combined transplant, retransplantation