Isolated Small Bowel Transplant

I. Policy

University Health Alliance (UHA) will reimburse for an isolated small bowel transplant when it is determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. A small bowel transplant using cadaveric intestine is covered (subject to Administrative Guidelines) in adult and pediatric patients with intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance), who have established long-term dependency on total parenteral nutrition (TPN) and are developing or have developed severe complications due to TPN.
   1. Patients who are developing or have developed severe complications due to total parenteral nutrition (TPN) include, but are not limited, to the following: multiple and prolonged hospitalizations to treat TPN-related complications (especially repeated episodes of catheter-related sepsis) or the development of progressive liver failure.
   2. In the setting of progressive liver failure, small bowel transplant may be considered a technique to avoid end-stage liver failure related to chronic TPN, thus avoiding the necessity of a multivisceral transplant. In those receiving TPN, liver disease with jaundice (total bilirubin above 3 mg/dl) is often associated with development of irreversible progressive liver disease.
   3. The inability to maintain venous access is another reason to consider small bowel transplant in those who are dependent on TPN.

B. A small bowel transplant is not covered for adults with intestinal failure who are able to tolerate TPN. Small bowel transplant using a living donor is covered only when a cadaveric intestine is not available for transplantation in a patient who meets the criteria noted above for a cadaveric intestinal transplant.
   1. A small bowel transplant using living donors is not covered in all other situations.

C. Candidates must meet all criteria of the transplant center regarding suitability for surgery and must have no potential contraindications for surgery.

D. NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.
III. Administrative Guidelines

A. Prior Authorization is required. To request prior authorization, please go to UHA’s website: https://uhahealth.com/page/prior-authorization-forms and submit it:

Via Fax: 1-866-572-4384

Via Mail:
UHA Health Care Services
700 Bishop Street, Suite 300
Honolulu, HI 96813

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
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<tbody>
<tr>
<td>44132</td>
<td>Donor enterectomy (including cold preservation), open; from cadaver donor</td>
</tr>
<tr>
<td>44133</td>
<td>Donor enterectomy (including cold preservation), open; partial, from living donor</td>
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<tr>
<td>44135</td>
<td>Intestinal allotransplantation; from cadaver donor</td>
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<tr>
<td>44136</td>
<td>Intestinal allotransplantation; from living donor</td>
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<tr>
<td>44715</td>
<td>Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein</td>
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<tr>
<td>44720</td>
<td>Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each</td>
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<tr>
<td>44721</td>
<td>Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each</td>
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</tbody>
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IV. Policy History

Policy Number: M.TSC.04.120301
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Original Document Effective Date: 03/01/2015
Previous Revision Date: 03/01/2015