



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.
- B. A small bowel transplant using a living donor is covered (subject to Limitations and Administrative Guidelines) only when a cadaveric intestine is not available for transplantation in a patient who meets the criteria noted above for a cadaveric intestinal transplant. A small bowel transplant using living donors is not covered in all other situations as it is not known to be effective in improving health outcomes. A small bowel re-transplant is covered (subject to Limitations and Administrative Guidelines) after a failed primary small bowel transplant.
- C. A small bowel transplant is not covered for adults and pediatric patients with intestinal failure who are able to tolerate TPN as it is not known to be effective in improving health outcomes.
- D. Candidates must meet all criteria of the transplant center regarding suitability for surgery and must have no potential contraindications for surgery. Potential contraindications for solid organ transplant are subject to the judgment of the transplant center include the following:
 - 1. Known current malignancy, including metastatic cancer
 - 2. Recent malignancy with high risk of recurrence
 - 3. Untreated systemic infection making immunosuppression unsafe, including chronic infection
 - 4. Other irreversible end-stage disease not attributed to intestinal failure
 - 5. History of cancer with a moderate risk of recurrence
 - 6. Systemic disease that could be exacerbated by immunosuppression
 - 7. Psychosocial conditions or chemical dependency affecting ability to adhere to therapy

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.
- B. To request prior authorization, please submit via UHA's online portal.

CPT Code	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
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

IV. Policy History

Policy Number: MPP-0073-120301

Current Effective Date: 08/22/2019

Original Document Effective Date: 03/01/2012

Previous Revision Date: 03/01/2015, 08/08/2018

PAC Approved Date: 03/01/2012