

# Intestinal and Multi-Visceral Transplantation (NCD 260.5)

Guideline Number: MPG169.07  
Approval Date: July 8, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
<a href="#">Policy Summary</a> .....	1
<a href="#">Applicable Codes</a> .....	2
<a href="#">Questions and Answers</a> .....	2
<a href="#">References</a> .....	3
<a href="#">Guideline History/Revision Information</a> .....	3
<a href="#">Purpose</a> .....	3
<a href="#">Terms and Conditions</a> .....	4

Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> <li><a href="#">Transplants: Organ and Tissue Transplants</a></li> </ul>

## Policy Summary

[↪ See Purpose](#)

### Overview

Multi-visceral and intestinal transplantation for the purpose of restoring intestinal function in patients with irreversible intestinal failure are covered by Medicare. Intestinal failure is defined as the loss of absorptive capacity of the small bowel secondary to severe primary gastrointestinal disease or surgically induced short bowel syndrome. It may be associated with both profound morbidity and mortality. Multi-visceral transplantation includes organs in the digestive system (pancreas, liver, stomach, duodenum, and intestine).

The evidence supports the fact that aged patients generally do not survive as well as younger patients receiving intestinal transplantation. Some older patients who are free from other contraindications have received the procedure and are progressing well, as evidenced by the United Network for Organ Sharing (UNOS) data. Thus, it is not appropriate to include specific exclusions from coverage, such as an age limitation, in the national coverage policy.

### Guidelines

#### *Nationally Covered Indications*

This procedure is covered only when performed for patients who have failed total parenteral nutrition (TPN) and only when performed in centers that meet approval criteria.

#### Failed TPN

The TPN delivers nutrients intravenously, avoiding the need for absorption through the small bowel. TPN failure includes the following:

- Thrombosis of the major central venous channels; jugular, subclavian, and femoral veins. Thrombosis of two or more of these vessels is considered a life threatening complication and failure of TPN therapy. The sequelae of central venous thrombosis are lack of access for TPN infusion, fatal sepsis due to infected thrombi, Superior Vena Cava syndrome, pulmonary embolism, or chronic venous insufficiency.
- Impending or overt liver failure due to TPN induced liver injury. The clinical manifestations include elevated serum bilirubin and/or liver enzymes, gastroesophageal varices, splenomegaly, thrombocytopenia, coagulopathy, stomal bleeding or hepatic fibrosis/cirrhosis.

- Frequent episodes of severe dehydration despite intravenous fluid supplement in addition to TPN. Under certain medical conditions such as secretory diarrhea and non-constructable gastrointestinal tract, the loss of the gastrointestinal and pancreaticobiliary secretions exceeds the maximum intravenous infusion rates that can be tolerated by the cardiopulmonary system. Frequent episodes of dehydration are deleterious to all body organs particularly kidneys and the central nervous system with the development of multiple kidney stones, renal failure, and permanent brain damage.
- Frequent line infection and sepsis. The development of two or more episodes of systemic sepsis secondary to line infection per year that requires hospitalization indicates failure of TPN therapy. A single episode of line related fungemia, septic shock and/or Acute Respiratory Distress Syndrome are considered indicators of TPN failure.

## Approved Transplant Facilities

Intestinal transplantation is covered by Medicare if performed in an approved facility. The criteria for approval of centers will be based on a volume of 10 intestinal transplants per year with a 1-year actuarial survival of 65 percent using the Kaplan-Meier technique.

Approved Transplant Facilities found at CMS.gov under Transplant Centers – Related Links – The Scientific Registry of Transplant Recipients

<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/transplantcenters.html>

## Nationally Non-covered Indications

All other indications remain non-covered

## Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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

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ICD Procedure Code	Description
0DY80Z0	Transplantation of small intestine, allogeneic, open approach
0DY80Z1	Transplantation of small intestine, syngeneic, open approach
0DYE0Z0	Transplantation of large intestine, allogeneic, open approach
0DYE0Z1	Transplantation of large intestine, syngeneic, open approach

## Questions and Answers

1	Q:	Are these procedures required to be done at a CMS approved facility for intestinal and/or multivisceral transplants?
	A:	Yes, CMS approved transplant facility locations for intestinal and/or multivisceral transplants are on the CMS website.

## References

### CMS National Coverage Determination (NCD)

[NCD 260.5 Intestinal and Multi-Visceral Transplantation](#)

### CMS Claims Processing Manual

[Chapter 3; § 90.6 Intestinal and Multi-Visceral Transplants](#)

### CMS Transmittal(s)

[Transmittal 1755, Change Request 9861, Dated 11/18/2016 \(ICD-10 Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

[Transmittal 1792, Change Request 9861, Dated 02/03/2017 \(ICD-10 Coding Revisions to National Coverage Determination \(NCDs\)\)](#)

### MLN Matters

[Article MM3319, July Update to the Medicare Outpatient Code Editor \(OCE\) Specifications Version 19.2 for Bills from Hospitals that are Not Paid Under the Outpatient Prospective Payment System](#)

[Article MM8109, International Classification of Diseases 10th Edition \(ICD-10\) Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to the Centers for Medicare & Medicaid Services \(CMS\) National Coverage Determinations \(NCDs\)](#)

[Article MM9861, ICD-10 Coding Revisions to National Coverage Determination \(NCDs\)](#)

### Other(s)

[CMS Transplant - Laws and Regulations, CMS Website](#)

[Decision Memo for Intestinal and Multi-visceral Transplantation, CMS Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
07/08/2020	<ul style="list-style-type: none"><li>Routine review; no change to guidelines</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version MPG169.06</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage

requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).