

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 31.11
TITLE: SMALL INTESTINE (SI), COMBINED SMALL INTESTINE-LIVER (SI/L), AND MULTIVISCERAL TRANSPLANTATION

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(e)(5)

I. EFFECTIVE DATE

- A. January 1, 1996, for small intestine alone transplants for patients **under the age of 16** and combined small intestine-liver transplants **for pediatric and adult patients.**
- B. February 1, 1998, for multivisceral transplants.
- C. **October 4, 2000, for small intestine alone transplants for patients age 16 and older.**

II. PROCEDURE CODE(S)

- A. CPT Codes: 44132-44136
- B. HCPCS Codes: S2053-S2055

III. POLICY

A. Preauthorized benefits for small intestine (SI) and small intestine-liver (SI/L), and multivisceral transplantation are covered **for pediatric and adult patients who meet the following criteria:**

- 1. **Patient is suffering from irreversible intestinal failure. 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.**
- 2. **Patient has failed total parenteral nutrition (TPN). Indicators of failed TPN are liver failure, thrombosis, frequency of infection, and dehydration as demonstrated in the following clinical situations:**
 - a. **Frequent episodes of severe dehydration despite intravenous fluid supplement in addition to TPN.**
 - b. **Frequent line infection and sepsis.**

- c. Impending or overt liver failure due to TPN induced liver injury.
- d. Thrombosis of the major central venous channels, jugular, subclavian, and femoral veins.

3. Pediatric patients have a parent or legal guardian who have a realistic understanding of the range of clinical outcomes that may be encountered. Adult patients have a realistic understanding of the range of clinical outcomes that may be encountered.

4. Plans for long-term adherence to a disciplined medical regimen are feasible and realistic.

B. Services and supplies related to SI, SI/L, and multivisceral transplantation are covered for:

1. Blood and blood products.
2. Complications of the transplant procedure, including inpatient care, management of infection and rejection episodes.
3. DNA-HLA tissue typing in determining histocompatibility.
4. Donor costs.
5. Evaluation of a potential candidate's suitability for SI, SI/L, and multivisceral transplantation whether or not the patient is ultimately accepted as a candidate for transplantation.
6. FDA approved immunosuppression drugs to include off-label uses when determined to be medically necessary **for the treatment of the condition for which it is administered** according to accepted standards of medical practice.
7. Hepatitis B and pneumococcal vaccines for patients undergoing transplantation.
8. Periodic evaluation and assessment of the successfully transplanted patient.
9. Pre- and post-transplantation inpatient hospital and outpatient services.
10. Surgical services and related pre- and postoperative services of the transplantation team.
11. The donor acquisition team, including the costs of transportation to the location of the donor organ and transportation of the team and the donated organ to the location of the transplantation center.

12. The maintenance of the viability of the donor organ after all existing legal requirements for excision of the donor organ has been met.

13. Transportation of the patient by air ambulance and the services for a certified life support attendant.

IV. POLICY CONSIDERATIONS

A. Preauthorization and retrospective authorization of SI, combined SI/L or multivisceral transplantation must meet the following two requirements:

1. Patient meets (or as of the date of transplantation would have met) the **clinical** criteria, and

2. Transplant facility is (or as of the date of transplantation would have been) a TRICARE-certified SI or Medicare-certified SI transplantation center. **Benefits are also allowed for transplants performed at a pediatric facility that is TRICARE certified as an SI transplantation center on the basis that the center belongs to a pediatric consortium program whose combined experience and survival data meet the TRICARE criteria for certification.**

B. In those cases where the beneficiary fails to obtain preauthorization, benefits may be extended if the services or supplies otherwise would qualify for benefits but for the failure to obtain preauthorization.

C. Effective for admissions on or after October 1, 2001, SI, SI/L, and multivisceral transplantations shall be reimbursed under the assigned DRG based on the patient's diagnosis. Claims for admissions prior to October 1, 2001, shall be reimbursed based on billed charges.

D. Claims for transportation of the donor organ and transplant team shall be adjudicated on the basis of billed charges, but not to exceed the transport service's published schedule of charges, and cost shared on an inpatient basis. Scheduled or chartered transportation may be cost shared.

E. Benefits will be allowed for donor costs (see [Chapter 2, Section 31.1](#), *Donor Costs*).

F. Charges made by the donor hospital will be cost shared on an inpatient basis and must be fully itemized and billed by the transplantation center in the name of the beneficiary (see [Chapter 2, Section 31.1](#), *Donor Costs*).

G. Acquisition and donor costs are not considered to be components of the services covered under the DRG and will be reimbursed based on billed charges. These costs must be billed separately on a standard UB-92 claim form in the name of the beneficiary (see [Chapter 2, Section 31.1](#), *Donor Costs*).

H. Transportation of the patient by air ambulance may be cost shared when determined to be medically necessary (see [Chapter 2, Section 32.1, Ambulance Service](#)).

I. When a properly preauthorized transplantation candidate is discharged less than 24-hours after admission because of extenuating circumstances, such as the available organ is found not suitable or other circumstances which prohibit the transplant from being timely performed, all otherwise authorized services associated with the admission shall be cost shared on an inpatient basis, since the expectation at admission was that the patient would remain more than 24 hours.

J. SI, SI/L, or multivisceral transplants performed on an emergency basis in an unauthorized SI facility may be cost shared only when the following conditions have been met:

1. It must be determined and documented by the transplant team physician(s) at the certified SI transplantation center that transfer of the patient (to the certified SI transplantation center) is not medically reasonable, even though transplantation is feasible and appropriate; and

2. The unauthorized center must consult with the nearest TRICARE certified SI transplantation center regarding the transplantation case.

V. EXCLUSIONS

A. SI, SI/L, or multivisceral transplantation is excluded when any of the following contraindications exist:

1. Ability to ingest oral nutrition.
2. Active alcohol or chemical dependency that interferes with compliance to strict treatment regimen.
3. History of presence of aggressive and/or incurable malignancy.
4. Inability or unwillingness of the patient or legal guardian to give signed consent and to comply with regular follow-up requirements.
5. Persistent abdominal or systemic infection.
6. Serious, uncontrolled psychiatric illness that would hinder compliance with any stage of the transplant process.
7. Severe autoimmune disease.
8. Severe immunodeficiency disease.
9. Significant cardiopulmonary insufficiency.

B. Also excluded are:

1. Administration of an unproven immunosuppressant drug that is not FDA approved or has not received approval as an appropriate "off-label" drug indication (see [Chapter 2, Section 30.8](#), *Immunosuppression Therapy*, for specific requirements).
2. Expenses waived by the transplantation center (e.g., beneficiary/sponsor not financially liable).
3. Pre- or post-transplantation nonmedical expenses (e.g., out-of-hospital living expenses, to include hotel, meals, privately owned vehicle for the beneficiary or family members).
4. Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program; unproven procedure) (see [Chapter 2, Section 16.5](#), *Experimental/Investigational (Unproven) Procedures*).
5. Transportation of an organ donor.

END OF POLICY