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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 966

Date: MAY 26, 2006

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CHANGE REQUEST 5090

**SUBJECT: Intestinal and Multi-Visceral Transplants**

**I. SUMMARY OF CHANGES:** Revised to change the link to the Medicare-Approved Transplant Centers website and add reference to section 260.5 of the National Coverage Determination Manual.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: May 11, 2006**

**IMPLEMENTATION DATE: June 26, 2006**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:**

**(R = REVISED, N = NEW, D = DELETED)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/90.6/Intestinal and Multi-Visceral Transplants

**III. FUNDING:** No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

**IV. ATTACHMENTS:**

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

\*Unless otherwise specified, the effective date is the date of service.

# Attachment – Business Requirements

Pub. 100-04	Transmittal: 966	Date: May 26, 2006	Change Request 5090
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**SUBJECT: Intestinal and Multi-Visceral Transplantation**

## I. GENERAL INFORMATION

**A. Background:** CMS has been asked to reconsider our current requirements of an annual volume of 10 intestinal transplants per year with a 1-year actuarial survival of 65 percent as a condition of approval as an intestinal transplant facility.

**B. Policy:** CMS previously determined that organ transplants are reasonable and necessary when performed on carefully selected patients in facilities that meet certain criteria. CMS has reviewed the evidence and concludes that the evidence supports the continued usage of the current requirements for facilities performing intestinal or multi-visceral transplants. Thus, we are making no change to current policy on intestinal/multi-visceral transplant facility requirements. However, we did change the link to the Medicare-Approved Transplant Centers website as it has moved to <http://www.cms.hhs.gov/ApprovedTransplantCenters>.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*  
*“Should” denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C H I	D M R C	Shared System Maintainers			
					F I S S	M C S	V M S	C W F	
5090.1	Contractors shall note that the CMS website listing Medicare-approved transplant centers has moved. See Pub. 100-04, chapter 3, section 90.6.B for the new address. Or access the website directly at: <a href="http://www.cms.hhs.gov/ApprovedTransplantCenters">http://www.cms.hhs.gov/ApprovedTransplantCenters</a> .	X		X					

## III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)
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		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	None.									

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions: N/A**

X-Ref Requirement #	Instructions

**B. Design Considerations: N/A**

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date*:</b> May 11, 2006</p> <p><b>Implementation Date:</b> June 26, 2006</p> <p><b>Pre-Implementation Contact(s):</b> Susan Harrison, coverage, (410) 786-1806; Valeri Ritter, FI claims processing, (410) 786-8652; Yvette Cousar, carrier claims processing (410) 786-2160.</p> <p><b>Post-Implementation Contact(s):</b> Regional office</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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## **90.6 - Intestinal and Multi-Visceral Transplants**

*(Rev. 966, Issued: 05-26-06; Effective: 05-11-06; Implementation: 06-26-06)*

**A3-3615.7, Transmittal R1878A3**

### **A. Background**

Effective for services on or after April 1, 2001, Medicare covers intestinal and multi-visceral transplantation for the purpose of restoring intestinal function in patients with 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. Intestinal failure prevents oral nutrition and may be associated with both mortality and profound morbidity. Multi-Visceral transplantation includes organs in the digestive system (stomach, duodenum, liver, and intestine). See *§260.5* of the National Coverage Determinations Manual for further information.

### **B. Approved Transplant Facilities**

Medicare will cover intestinal transplantation if performed in an approved facility. The approved facilities are located at: <http://www.cms.hhs.gov/ApprovedTransplantCenters>.

### **C. Billing**

ICD-9-CM procedure code 46.97 is effective for discharges on or after April 1, 2001. The Medicare Code Editor (MCE) lists this code as a non-covered procedure with no exceptions. The FI is to override the MCE when this procedure code is listed and the coverage criteria are met in an approved transplant facility.

For this procedure where the provider is approved as transplant facility, and the service is performed on or after the transplant approval date, the FI must suspend the claim for clerical review of the operative report to determine whether the beneficiary has at least one of the covered conditions listed when the diagnosis code is for a covered condition.

This review is not part of the FI's medical review workload. Instead, the FI should complete this review as part of its claims processing workload.

Charges for ICD-9-CM procedure code 46.97 should be billed under revenue code 0360, Operating Room Services.

For discharge dates on or after October 1, 2001, acquisition charges are billed under revenue code 081X, Organ Acquisition. For discharge dates between April 1, 2001, and

September 30, 2001, hospitals were to report the acquisition charges on the claim, but there was no interim pass-through payment made for these costs.

Bill the procedure used to obtain the donor's organ on the same claim, using appropriate ICD-9-CM procedure codes.

The 11X bill type should be used when billing for intestinal transplants.

Immunosuppressive therapy for intestinal transplantation is covered and should be billed consistent with other organ transplants under the current rules.

There is no specific ICD-9-CM diagnosis code for intestinal failure. Diagnosis codes exist to capture the causes of intestinal failure. Some examples of intestinal failure include, but are not limited to:

- Volvulus 560.2,
- Volvulus gastroschisis 756.79, other [congenital] anomalies of abdominal wall,
- Volvulus gastroschisis 569.89, other specified disorders of intestine,
  - Necrotizing enterocolitis 777.5, necrotizing enterocolitis in fetus or newborn,
  - Necrotizing enterocolitis 014.8, other tuberculosis of intestines, peritoneum, and mesenteric,
  - Necrotizing enterocolitis and splanchnic vascular thrombosis 557.0, acute vascular insufficiency of intestine,
  - Inflammatory bowel disease 569.9, unspecified disorder of intestine,
  - Radiation enteritis 777.5, necrotizing enterocolitis in fetus or newborn, and
  - Radiation enteritis 558.1.

**D. Acquisition Costs** A separate organ acquisition cost center was established for acquisition costs incurred on or after October 1, 2001. The Medicare Cost Report will include a separate line to account for these transplantation costs. For intestinal and multi-visceral transplants performed between April 1, 2001, and October 1, 2001, the DRG payment was payment in full for all hospital services related to this procedure.

**E. Medicare Summary Notices (MSN), Remittance Advice Messages, and Notice of Utilization Notices (NOU)**

If an intestinal transplant is billed by an unapproved facility after April 1, 2001, the FI must deny the claim and use MSN message 21.6, "This item or service is not covered when performed, referred, or ordered by this provider;" 21.18, "This item or service is not covered when performed or ordered by this provider;" or, 16.2, "This service cannot be paid when provided in this location/facility;" and Remittance Advice Message, Claim Adjustment Reason Code 52, "The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed."