IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY
This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT copyright 2010 (or such other date of publication of CPT) American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Proprietary information of UnitedHealthcare. Copyright 2014 United HealthCare Services, Inc.
Reimbursement Policy

Intestinal and Multi-Visceral Transplantation (NCD 260.5)

combined prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable
ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the
provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis
and subsequent medical review. The effective date of changes/additions/deletions to this policy is the
committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American
Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered
trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use.
Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the
AMA, are not part of CPT, and the AMA is not recommending their use. The AMA assumes no liability for data contained or not
contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors,
and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights
reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview
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.
It may be associated with both mortality and profound morbidity. Multi-visceral transplantation includes
organs in the digestive system (stomach, duodenum, pancreas, liver, and intestine).
The evidence supports the fact that aged patients generally do not survive as well as younger patients
receiving intestinal transplantation. Nonetheless, 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.

Reimbursement Guidelines

A. Nationally Covered Indications:
Effective for services performed on or after April 1, 2001, 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:

- Impending or overt liver failure due to TPN induced liver injury. The clinical manifestations include
elevated serum bilirubin and/or liver enzymes, splenomegaly, thrombocytopenia, gastroesophageal
varices, coagulopathy, stomal bleeding or hepatic fibrosis/cirrhosis.
- 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, pulmonary embolism, Superior Vena Cava syndrome, or chronic venous insufficiency.
- 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.
- 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 pancreatobiliary 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.

B. 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
Reimbursement Policy

Intestinal and Multi-Visceral Transplantation (NCD 260.5)

Survival of 65 percent using the Kaplan-Meier technique.

Approved Facilities found at CMS.gov under Survey & Certification - Certification & Compliance

C. Nationally Non-covered Indications:
All other indications remain non-covered.

<table>
<thead>
<tr>
<th>CPT/HCPCS Codes</th>
<th>Description</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>44135</td>
<td>Intestinal allotransplantation; from cadaver donor</td>
</tr>
<tr>
<td>44136</td>
<td>Intestinal allotransplantation; from living donor</td>
</tr>
<tr>
<td>44137</td>
<td>Removal of transplanted intestinal allograft, complete</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICP/PCS Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICP Code</td>
<td>Description</td>
</tr>
<tr>
<td>46.97</td>
<td>Transplant of intestine</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

References Included (but not limited to):

CMS NCD
NCD 260.5 Intestinal and Multi-Visceral Transplantation

CMS Claims Processing Manual
Chapter 3; § 90.6 Intestinal and Multi-Visceral Transplants

UnitedHealthcare Medicare Advantage Coverage Summaries
Transplants – Organ and Tissue Transplants

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

Others
CMS Transplant - Laws and Regulations, CMS Website
Decision Memo for Intestinal and Multi-visceral Transplantation, CMS Website

History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/11/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
</tr>
<tr>
<td>07/24/2013</td>
<td>Administrative udpates</td>
</tr>
</tbody>
</table>