

02-40000-19

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## Subject: Small Bowel, Liver and Multivisceral Transplant

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Small bowel/liver transplantation is transplantation of an intestinal allograft in combination with a liver allograft, either alone or in combination with one or more of the following organs: stomach, duodenum, jejunum, ileum, pancreas, or colon.

Small bowel transplants are typically performed in individuals with short bowel syndrome, defined as an inadequate absorbing surface of the small intestine due to congenital defect, extensive disease or surgical removal of a large portion of small intestine. In some instances, short bowel syndrome is associated with liver failure, often due to the long-term complications of total [parenteral nutrition](#) (TPN).

### POSITION STATEMENT:

#### Certificate of Medical Necessity

Submit a completed Certificate of Medical Necessity (CMN) along with your request to expedite the medical review process.

1. Click the link Solid Organ Transplant under Certificates of Medical Necessity in the side navigation of this page to access the form.
2. Complete all fields on the form thoroughly.
3. Print and submit a copy of the form with your request.

Note: Florida Blue regularly updates CMNs. Ensure you are using the most current copy of a CMN before submitting to Florida Blue.

A small bowel/liver transplant or multivisceral transplant **meets the definition of medical necessity** for pediatric and adult individuals who meet **ALL** of the following:

- Intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance), **AND**
- Managed with long-term total parenteral nutrition (TPN), **AND**
- Evidence of impending end-stage liver failure, **AND**
- Adequate cardiopulmonary status, **AND**
- Documentation of compliance with medical management, **AND**
- Evidence of intolerance of total parenteral nutrition (TPN), including but is not limited to, multiple and prolonged hospitalizations to treat TPN-related complications, or the development of progressive but reversible liver failure. In the setting of progressive liver failure, small bowel transplant may be considered a technique to avoid end-stage liver failure related to chronic TPN, thus avoiding the necessity of a multivisceral transplant.

A small bowel/liver retransplant or multivisceral retransplant **meets the definition of medical necessity** after a failed primary small bowel/liver transplant or multivisceral transplant.

A small/bowel/liver transplant or multivisceral transplant is considered **experimental or investigational** for all other indications.

Potential contraindications to small bowel/liver transplant or multivisceral transplant (subject to the judgment of the transplant center) include:

- Known current malignancy, including metastatic cancer
- Recent malignancy with high risk of recurrence
- History of cancer with a moderate risk of recurrence
- Systemic disease that could be exacerbated by immunosuppression
- Untreated systemic infection making immunosuppression unsafe, including chronic infection
- Other irreversible end-stage disease not attributed to intestinal failure
- Psychosocial conditions or chemical dependency affecting ability to adhere to therapy

## **BILLING/CODING INFORMATION:**

### **CPT Coding:**

44132	Donor enterectomy (including cold preservation), open-from cadaver donor
44133	Donor enterectomy (including cold preservation), open; partial, 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
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; <a href="#">orthotopic</a> , partial or whole, from cadaver or living donor, any age
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (i.e., left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each

### HCPCS Coding:

S2053	Transplantation of small intestine and liver allografts
S2054	Transplantation of multivisceral organs
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor

## REIMBURSEMENT INFORMATION:

None applicable.

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

### Medicare Advantage products:

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Intestinal and Multi-Visceral Transplantation (260.5) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

## DEFINITIONS:

**Multivisceral:** many organs, especially of the abdomen.

**Total parenteral nutrition:** percutaneous transvenous infusion of a nutritionally adequate hypertonic solution consisting of glucose (sugar), amino acids (protein), electrolytes (sodium, potassium), vitamins and minerals, and sometimes fats.

## RELATED GUIDELINES:

[Liver Transplant and Combined Liver-Kidney Transplant, 02-40000-20](#)

[Allogeneic Pancreas Transplant, 02-40000-17](#)

[Isolated Small Bowel Transplant, 02-40000-18](#)

## OTHER:

**Florida Statute 765.523 Discrimination in access to anatomical gifts and organ transplants prohibited. (excerpt)**

(3)(d) "Organ transplant" means the transplantation or transfusion of a part of a human body into the body of another individual for the purpose of treating or curing a medical condition.

**Florida Statute 627.64197 Coverage for organ transplants.**—A health insurance policy issued, delivered, or renewed on or after July 1, 2020, in this state by an insurer which provides coverage for organ transplants on an expense-incurred basis may not deny coverage for an organ transplant solely on the basis of an insured's disability. This section may not be construed to require such insurer to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

**Florida Statute 627.65736 Coverage for organ transplants.**—A group health insurance policy delivered, issued, or renewed on or after July 1, 2020, in this state by an insurer or nonprofit health care services plan which provides coverage for organ transplants on an expense-incurred basis may not deny coverage for an organ transplant solely on the basis of an insured's disability. This section may not be construed to require such insurer or nonprofit health care service plan to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

**Florida Statute 641.31075 Coverage for organ transplants.**—A health maintenance contract issued or renewed on or after July 1, 2020, in this state by a health maintenance organization which provides coverage for organ transplants may not deny coverage for an organ transplant solely on the basis of a subscriber's disability. This section may not be construed to require such health maintenance organization to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

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### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/24/23.

### GUIDELINE UPDATE INFORMATION:

09/01/01	Coding changes.
03/15/02	Medical Coverage Guideline Reviewed; no changes.
01/01/04	Annual HCPCS coding update.
03/15/04	Reviewed; added information regarding transplants in HIV-positive recipients.
01/01/05	HCPCS coding update; added new codes for small bowel and liver transplantation.
06/15/05	Revision to guideline, consisting of removal of investigational statement regarding HIV-positive recipients.
06/15/06	Scheduled review; no change in coverage statement.
06/15/07	Scheduled review (consensus); no change in coverage statement; reformatted guideline; updated references.
07/15/08	Scheduled review; add intestinal failure language to position statement, updated references.
01/01/09	Annual HCPCS coding update: descriptor revised for codes 47144 and 47145.
07/15/09	Scheduled review; no change to position statement.
01/01/10	Annual HCPCS coding update: revise descriptors for CPT codes 47144 & 47145.
10/15/10	Revision; related ICD-10 codes added.
05/11/14	Revision: Program Exceptions section updated.
08/15/14	Scheduled review. Revised description, position statement and CPT coding. Updated references.
01/01/16	Annual CPT/HCPCS coding update. Deleted code 47136.

12/15/19	Scheduled review. Revised description, maintained position statement, and updated references.
07/01/20	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
08/15/21	Revision: updated CPT coding.
09/15/21	Scheduled review. Maintained position statement and updated references.
05/25/23	Update to Program Exceptions section.
09/15/23	Scheduled review. Maintained position statement and updated references.