



Medica Central Utilization Management Policy

Title: Intestinal Transplantation MP9618 (II-TRA.13)

Effective Date: July 01, 2025

This policy was developed with input from specialists in gastroenterology and transplant surgery and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions:

A. **Intestinal Failure:** The loss of absorptive capacity of the small bowel secondary to severe primary gastrointestinal disease, congenital defect, obstruction, dysmotility, trauma, vascular occlusion or surgically induced short bowel syndrome. Intestinal failure is characterized by the inability to maintain protein-energy, fluid, electrolyte, or nutrient balance and may be associated with both mortality and profound morbidity.

1. Examples of diseases or conditions which may lead to intestinal failure in adults:
 - a. Mesenteric thrombosis/intestinal ischemia
 - b. Crohn's disease
 - c. Trauma
 - d. Volvulus
 - e. Desmoid tumor
 - f. Gardner's syndrome
 - g. Familial polyposis

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- h. Radiation enteritis.
2. Examples of diseases or conditions which may lead to intestinal failure in children:
 - a. Volvulus
 - b. Gastroschisis
 - c. Necrotizing enterocolitis
 - d. Pseudo-obstruction
 - e. Intestinal atresia
 - f. Hirschsprung's disease
 - g. Trauma.
- B. **Short-Bowel Syndrome:** Occurs as a consequence of insufficient functional small bowel to maintain protein-energy, fluid, electrolyte, nutrient balance despite administration of a normal diet. Short-bowel syndrome manifests as massive diarrhea or stomal output, electrolyte abnormalities, fat malabsorption, gastric hypersecretion, vitamin B₁₂ deficiency, hyperbilirubinemia, and hepatic steatosis.
- C. **Total Parenteral Nutrition (TPN):** Administration of nutrients, usually via a central venous catheter
- D. **Small Bowel Transplantation (SBT)** involves either the whole small bowel or a bowel segment. There are three major types:
 1. **Isolated SBT**, the recipient receives part of or the entire small bowel;
 2. **Combined small bowel-liver transplant (SBLT)** may be required if the patient with intestinal failure has irreversible liver disease;
 3. **Multivisceral transplantation (MVT):** An enbloc transplant of multiple organs such as the intestine, liver and pancreas. These organs are dependent on the celiac and superior mesenteric arteries and maintain continuity of the portal venous system and bile duct.
- E. Transplant **evaluation** is a physical and psychosocial exam to determine if an individual is an acceptable candidate for transplantation. The specific exams and tests depend on the individual's diagnosis and health history and vary from hospital to hospital. Tests may include the following: cardiac evaluation; lung function tests; lab tests, including blood typing, chemistry panels, and serology testing for hepatitis, HIV and other common viruses; appropriate cancer surveillance, as indicated (e.g., colonoscopy, pap smear, mammogram, prostate cancer screening); dental evaluation with treatment of existing problems; psychosocial evaluation. Additional testing or clearance may be required to address other significant coexisting medical conditions.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for:
 - Intestinal, Intestine/Liver, or Multivisceral **Evaluation**
 - Intestinal, Intestine/Liver, or Multivisceral **Transplantation**
 - Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. The Health Plan has entered into separate contracts with designated facilities to provide transplant-related health services, as described in the member's plan document.
4. Complex cases require medical director or external review and, as necessary, discussion with the patient's physician.
5. Underlying co-morbidity that significantly alters risk/benefit of transplant may preclude transplant eligibility.
6. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.

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7. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in their Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

- I. Indications for Intestinal, Intestine/Liver, or Multivisceral Transplant **Evaluation**
Documentation in the medical records indicates that **one of the following** are met:
- A. Intestinal Transplant: **all of the following** criteria are met:
 - 1. The individual has irreversible intestinal failure and a nonreconstructable GI tract
 - 2. The individual is dependent on Total Parenteral Nutrition (TPN)
 - 3. The individual has **one of the following** complications related to TPN:
 - a. Loss of or impending loss of vascular access for administering TPN
 - b. Recurrent sepsis (two or more episodes per year that requires hospitalization) as a result of either central line sepsis or intestinal stasis
 - c. Frequent episodes of severe dehydration despite intravenous fluid supplement in addition to TPN
 - d. Impending or overt liver failure due to TPN-induced liver injury.
 - B. Intestine/Liver Transplant: **all of the following** criteria are met:
 - 1. The individual meets the criteria for intestinal transplant outlined in Section I.A. above
 - 2. The individual has **one of the following**:
 - a. Biopsy proven fibrotic changes within the liver indicating that the TPN associated liver dysfunction is irreversible
 - b. Clinical assessment of significant portal hypertension (such as hypersplenism) where biopsy may not be available or warranted or considered safe to perform
 - c. Acute diffuse intestinal infarction with hepatic failure.
 - C. Multivisceral Transplant: **all of the following** criteria are met:
 - 1. The individual meets the criteria for intestinal transplant outlined in Section I.A. above
 - 2. The individual has **one of the following**:
 - a. Technical consideration that make the anastomosis of one or more of the separate organs problematic when compared to an enbloc dissection and transplantation that requires fewer vascular and intestinal anastomoses
 - b. Desmoid tumors
 - c. Severe gastric or antroduodenal motility disorder (pseudoobstruction).
- II. Indications for Intestinal, Intestine/Liver, or Multivisceral **Transplantation**
Documentation in the medical records indicates that **all of the following** are met:
- A. The individual meets the institution's suitability criteria for transplant
 - B. One of the criteria in section I are met (I. A., B. or C.).
- III. Indications for Intestinal, Intestine/Liver, or Multivisceral **Retransplantation**
Documentation in the medical records indicates that **all of the following** criteria are met:
- A. Failed previous intestinal transplantation
 - B. All the criteria in section II are met
 - C. No history of behaviors since the previous transplant that would jeopardize a subsequent transplant.



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CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=280>

WISCONSIN BADGERCARE PLUS

- For members with State of Wisconsin BadgerCare Plus review Forward Health website for coverage and prior authorization requirements. ([Forward Health WI Portal](#))

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Administrative Updates	

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