

## Islet Cell Transplantation

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary autologous pancreas islet transplantation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Pancreatectomy** – Surgery to remove all or part of the pancreas. In a total pancreatectomy, part of the stomach, part of the small intestine, the common bile duct, gallbladder, spleen, and nearby lymph nodes also are removed.

**Cadaver Donor** – Deceased donors, or cadavers, are a common source of organ transplantations. After a donor has been declared legally dead (brain dead), their organ(s) is removed and preserved for transplantation.

**Acute Pancreatitis** – Short-term (acute) pancreatitis is a sudden inflammation of your pancreas.

**Chronic Pancreatitis** – Digestive enzymes that normally travel by tubes inside the pancreas and empty into the upper intestine, become trapped inside the pancreas, which causes severe damage to the pancreas.

**Autologous pancreas islet transplant** – Performed during the pancreatectomy procedure. A suspension of isolated islet cells is created from the recipients resected pancreas specimen and then injected in the portal vein of the liver where the cells function as a free graft.

**Allogeneic pancreas islet transplantation** – Isolating islet cells from the pancreas of a cadaver donor, which are then purified and transplanted into the recipient via the portal vein or one of the tributaries of the liver where they take up residence and resume function.

## PROCEDURES

Prior authorization is required.

Autologous pancreas islet transplantation may be considered medically necessary as an adjunct to a total or near total pancreatectomy in patients with chronic pancreatitis.

Autologous pancreas islet transplantation not meeting the criteria indicated in this policy is considered not medically necessary.

Allogeneic pancreas islet transplantation for the treatment of type I diabetes mellitus is considered not medically necessary.

## Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

## Place of Service

Experimental/investigational (E/I) services are not covered regardless of place of service.

Islet cell transplantation is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## CODING REQUIREMENTS

### Covered codes

CPT code	Definition
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells.

### Covered diagnosis for procedure code 48160

Code	Description
K86.0	Alcohol-induced chronic pancreatitis.
K86.1	Other chronic pancreatitis.

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## References

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**POLICY UPDATE HISTORY**

09/20/2021	Approved in Medical Policy Committee
02/02/2022	Annual review
02/23/2022	Approved in Medical Policy Committee
03/2022	Approved in QI/UM
02/22/2023	Annual review; approved in Medical Policy Committee
02/28/2023	Approved in QI/UM