blue of california

Medical Policy

Small Bowel Transplantation	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Transplant
Original Policy Date: June 9, 1993	**Effective Date:** January 3, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Small bowel transplants are typically performed in patients with short bowel syndrome (SBS) or other types of absorptive failure. These patients are unable to absorb nutrients through the intestinal villi and must rely on long-term total parenteral nutrition (TPN) to meet their nutritional needs. Isolated small bowel transplant is performed when severe TPN-related complications arise, or appear likely, or to prevent the progression of liver disease. In the event

complete liver failure does occur, the patient may be a candidate for combined small bowel-liver transplant. For patients with intestinal failure, liver failure, and other gastrointestinal problems, a multivisceral transplant, including the stomach, spleen, pancreas or colon as well as the small bowel and liver, may be indicated.

Policy

Small Bowel/Liver or Multivisceral Transplant

Small bowel-liver or multivisceral transplant is considered **medically necessary** when **all** of the following criteria are met:

- Intestinal failure characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance
- Long-term dependency on total parenteral nutrition (TPN)
- End-stage liver failure and failure of one or more abdominal visceral organs

Isolated Small Bowel Transplant

Isolated small bowel transplant is considered **investigational** for adults with intestinal failure who are able to tolerate TPN.

Isolated small bowel transplant with a living-related donor is considered **not medically necessary** when a cadaveric intestine is available for transplantation.

Isolated small bowel transplant with a living-related donor is considered **medically necessary** only when all of the above criteria are met and a cadaveric intestine is not available for transplantation.

Isolated small bowel transplant with a cadaveric donor is considered **medically necessary** when **all** of the following criteria are met:

- Intestinal failure characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance
- Long-term dependence on total parenteral nutrition (TPN)
- Actual or imminent development of severe complications due to TPN

Policy Guideline

Evidence of severe complications due to total parenteral nutrition (TPN) include, but are not limited to the following:

- Multiple/prolonged hospitalizations to treat TPN-related complications (e.g. catheter-related sepsis)
- Progressive liver failure
- Lack of venous access

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Internal Information

There is **not** an MD Determination Form for this Medical Policy.

Documentation Required for Clinical Review
• See Transplant Guidelines

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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