



## **SMALL BOWEL TRANSPLANT**

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**Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.**

**The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.**

**The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.**

**State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.**

**Medical Coverage Guidelines are subject to change as new information becomes available.**

**For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.**

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### **Description:**

A small bowel transplant is a surgical procedure in which a small bowel from a cadaveric or living donor is placed in the body of a recipient. This procedure is typically performed on individuals with short bowel syndrome (SBS) or intestinal failure.

SBS is a condition in which the absorbing surface of the small intestine is inadequate due to extensive disease or surgical removal of a large portion of small intestine. Individuals with SBS are unable to obtain adequate nutrition from enteral feeding and become dependent upon total parenteral nutrition (TPN).

Intestinal failure results from surgical resection, congenital defect or disease-associated loss of absorption and is characterized by the inability to maintain protein-energy, fluid, electrolyte or micronutrient balance. SBS is one case of intestinal failure.



MEDICAL COVERAGE GUIDELINES  
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## SMALL BOWEL TRANSPLANT (cont.)

### Criteria:

**Small bowel transplants will be reviewed by the medical director(s) and/or clinical advisor(s).**

- Small bowel transplant using a cadaveric intestine is considered **medically necessary** for pediatric and adult individuals with intestinal failure (short bowel syndrome) with documentation of **ALL** of the following:
  1. Established long-term dependency on total parenteral nutrition (TPN) and are developing\* or have developed\* severe complications due to TPN
  2. Psychosocial screening with documentation of **ALL** of the following:
    - Drug/alcohol screening with documentation of **ONE** of the following:
      - No drug/alcohol abuse by history
      - Drug and alcohol free for a period greater than or equal to 6 months
    - Behavioral health disorder screening with documentation of **ONE** of the following:
      - No behavioral health disorder by history
      - Behavioral health disorder by history with documentation of **BOTH** of the following:
        - a. No severe psychosis/personality disorder
        - b. Mood/anxiety disorder excluded/treated
    - Individual understands surgical risk and post procedure compliance and follow-up
    - Adequate social/family support

\* Individuals who are developing or have developed severe complications due to TPN include, *but are not limited to*, the following: multiple and prolonged hospitalizations to treat TPN-related complications (especially repeated episodes of catheter-related sepsis) or the development of progressive liver failure.

- Small bowel transplant using a living donor is considered **medically necessary** for pediatric and adult individuals with intestinal failure (short bowel syndrome) with documentation of **ALL** of the following:
  1. A cadaveric intestine is not available for transplantation
  2. Individual meets the above criteria for a cadaveric intestinal transplant



## **SMALL BOWEL TRANSPLANT (cont.)**

### **Criteria: (cont.)**

**Small bowel transplants will be reviewed by the medical director(s) and/or clinical advisor(s).**

- Small bowel retransplant is considered ***medically necessary*** after a failed primary small bowel transplant.
- Small bowel transplant using cadaveric or living donor for the following indications is considered ***experimental or investigational*** based upon insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to*:

- Adults who are able to tolerate TPN

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### **Resources:**

1. 7.03.04 BCBS Association Medical Policy Reference Manual. Isolated Small Bowel Transplant. Re-issue date 12/12/2013, issue date 12/01/1995.