

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Intestinal Transplantation

MP9618

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: See Member Certificate or Summary Plan Description regarding services available for coverage.

For multiorgan transplant, the member must meet criteria for each organ. Please refer to applicable medical policy.

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

- 1.0 Intestinal, Intestinal/Liver, or Multivisceral **Transplantation Evaluation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **ANY** of the following are met:
 - 1.1 The member has irreversible intestinal failure (see Appendix 1) and a nonreconstructable GI tract; **OR**
 - 1.2 The member is dependent on Total Parenteral Nutrition (TPN); **OR**
 - 1.3 The member has **ONE** of the following complications related to TPN:
 - 1.3.1 Loss of or impending loss of vascular access for administering TPN
 - 1.3.2 Recurrent sepsis (two or more episodes per year that requires hospitalization) as a result of either central line sepsis or intestinal stasis
 - 1.3.3 Frequent episodes of severe dehydration despite intravenous fluid supplement in addition to TPN
 - 1.3.4 Impending or overt liver failure due to TPN-induced liver injury
- 2.0 Intestine/Liver **Transplant requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:

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- 2.1 The member meets the criteria for intestinal transplant as outlined in Section (1.0);
AND
- 2.2 The member has **ONE** of the following:
 - 2.2.1 Biopsy proven fibrotic changes within the liver indicating that the TPN associated liver dysfunction is irreversible; **OR**
 - 2.2.2 Clinical assessment of significant portal hypertension (such as hypersplenism) where biopsy may not be available or warranted or considered safe to perform;
OR
 - 2.2.3 Acute diffuse intestinal infarction with hepatic failure
- 3.0 Multivisceral **Transplant requires** prior authorization through the Health Services Division and is considered medically necessary when **ALL** of the following criteria are met:
 - 3.1 The member meets the criteria for intestinal transplant as outline in Section (1.0);
AND
 - 3.2 The member has **ONE** of the following:
 - 3.2.1 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; **OR**
 - 3.2.2 Desmoid tumors; **OR**
 - 3.2.3 Severe gastric or antroduodenal motility disorder (pseudoobstruction)
- 4.0 Intestinal, Intestine/Liver, or Multivisceral **Transplantation requires** prior authorization through the Health Services Division and is considered medically necessary when medical records indicate that **ALL** of the following criteria are met:
 - 4.1 The member meets the institution's suitability criteria for transplant; **AND**
 - 4.2 One of the criteria in Section (1.0) are met
- 5.0 Intestinal, Intestine/Liver, or Multivisceral **Retransplantation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **ALL** of the following criteria are met:
 - 5.1 Failed previous intestinal transplantation; **AND**
 - 5.2 All of the criteria in Section (2.0) are met; **AND**
 - 5.3 No history of behaviors since the previous transplant that would jeopardize a subsequent transplant

APPENDIX 1 – Intestinal Failure

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.

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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.

- I. 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
 - h. Radiation enteritis.

- II. 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

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