

# Regence

## Pancreas Transplants

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

"Pancreas transplantation is performed to induce an insulin-independent, euglycemic state in patients with diabetes. The procedure is generally limited to those patients with severe secondary complications of diabetes, including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness." (NCD 260.3)

## MEDICARE ADVANTAGE POLICY CRITERIA

**Note:** Islet cell transplantation is considered in a separate Medicare Advantage medical policy (see Cross References).

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**CMS Coverage Manuals\*** None

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**National Coverage Determinations (NCDs)\*** Pancreas Transplants ([260.3](#))

As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the [Quality, Certification and Oversight Reports \(QCOR\) web site](#). The List may be downloaded in Microsoft Excel format. A link to the list is under “Resources”, which can be found at the top of the main QCOR page and is a downloadable Excel spreadsheet (it is not recommended this spreadsheet be saved, since it can be updated at any time).

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## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Type of pancreas transplant (e.g., pancreas transplant after or simultaneous with kidney transplant, pancreas transplant alone, etc.);
- Facility where transplant will be performed; and,
- Documentation of medical history, including duration, management, complications, etc.

## CROSS REFERENCES

[Islet Cell Transplantation](#), Transplants, Policy No. M-13

## REFERENCES

None

## CODING

**NOTE:** HCPCS codes S2065 and S2152 are Medicare Status “I” codes, and therefore, are not valid for Medicare or Medicare Advantage use.

Codes	Number	Description
CPT	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels,

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Codes	Number	Description
		and Y-graft arterial anastomosis from the iliac artery to superior mesenteric artery and to splenic artery
	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
	48554	Transplantation of pancreatic allograft
<b>HCPCS</b>	S2065	Simultaneous pancreas kidney transplantation <i>(Not recognized by Medicare for payment)</i>
	S2152	Solid organs(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and post-transplant care in the global definition <i>(Not recognized by Medicare for payment)</i>

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.