



Medical Policy

Policy: 201102
SUBJECT: Pancreatic Islet Cell Transplantation
- Autologous
- Allogenic

Initial Effective Date: 01/06/2011
Annual Review Date: 05/08/2018
Last Revised Date: 05/08/2018

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.

Definition: Pancreatic islet cell transplantation may be performed using an allogeneic (allograft) or autologous (autograft) technique.

Autologous pancreatic islet cell transplantation involves a total or near-total pancreatectomy, separation of islet cells from pancreatic tissue, followed by islet cell reinfusion. This has been reported to decrease the incidence of diabetes mellitus following a total or near-total pancreatectomy. This procedure does not have a role as a primary treatment strategy in the management of diabetes mellitus.

Allogeneic pancreatic islet cell transplantation (allograft) involves procurement of cadaver donor pancreatic islet cells, followed by infusion or implantation of the donor cells into the recipient (pancreatic islet cell allograft transplantation). This procedure is usually performed using percutaneous and laparoscopic techniques.

Medical Necessity:

I. Autologous pancreatic islet cell transplantation: The Company considers autologous pancreatic islet cell transplantation (CPT Code 48160 and ICD-10-CM Procedure Codes 3E0.30U0, 3E0.33U0, 3E0.J3U0, 3E0.J7U0, 3E0.J8U0) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:

- Severe, chronic pancreatitis refractory to conventional medical therapy; and
- Performed as an adjunct to total or near-total pancreatectomy.

II. Allogeneic pancreatic islet cell transplantation: Based upon our findings, the Company has determined allogeneic pancreatic islet cell transplantation has not demonstrated equivalence or superiority to currently accepted standard

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means of treatment. The Company considers allogeneic pancreatic islet cell transplantation (CPT Code 48999[†], HCPCS Codes G0341, G0342, G0343, S2102, ICD-10-CM Procedure Codes 3E0.30U1, 3E0.33U1, 3E0.J3U1, 3E0.J7U1, 3E0.J8U1) **investigational and not eligible for reimbursement.**

[†] **When *unlisted procedure, pancreas (48999)*** is determined to be pancreatic islet cell transplantation through portal vein, percutaneous, pancreatic islet cell transplantation through portal vein, open or laparoscopy, surgical pancreatic islet cell transplantation through portal vein.

NOTE: Pancreas transplantation is addressed in Corporate Medical Policy 200210: Pancreas Transplantation.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for CPT Code 48160 and ICD-10-CM Procedure Codes 3E0.30U0, 3E0.33U0, 3E0.J3U0, 3E0.J7U0, 3E0.J8U0.

CPT Code 48999[†], HCPCS Codes G0341, G0342, G0343, S2102 and ICD-10-CM Procedure 3E0.30U1, 3E0.33U1, 3E0.J3U1, 3E0.J7U1, 3E0.J8U1-are considered investigational and not eligible for reimbursement.



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Sources of Information:

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Applicable Code(s):	
CPT:	48160, 48999
HCPCS:	G0341, G0342, G0343, S2102
ICD9 Procedure Codes:	52.84, 52.85, 52.86
ICD10 Procedure Codes:	3E0.30U0, 3E0.33U0, 3E0.J3U0, 3E0.J7U0, 3E0.J8U0, 3E0.30U1, 3E0.33U1, 3E0.J3U1, 3E0.J7U1, 3E0.J8U1

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