INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier.

This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Pancreas transplantation is performed to induce an insulin-independent, euglycemic state in diabetic patients. 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.

Guidelines
Nationally Covered Indications
Effective for services performed on or after July 1, 1999, whole organ pancreas transplantation is nationally covered by Medicare when performed simultaneous with or after a kidney transplant. If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy begins with the date of discharge from the inpatient stay for the pancreas transplant.

Effective for services performed on or after April 26, 2006, pancreas transplants alone (PA) are reasonable and necessary for Medicare beneficiaries in the following limited circumstances:

• PA will be limited to those facilities that are Medicare-approved for kidney transplantation. Approved centers can be found at Approved Transplant Programs
• Patients must have a diagnosis of type 1 diabetes:
  o Patient with diabetes must be beta cell autoantibody positive; or
  o Patient must demonstrate insulinopenia defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory’s measurement method. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose ≤ 225 mg/dL;
Patients must have a history of medically-uncontrollable labile (brittle) insulin-dependent diabetes mellitus with documented recurrent, severe, acutely life-threatening metabolic complications that require hospitalization. Aforementioned complications include frequent hypoglycemia unawareness or recurring severe ketoacidosis, or recurring severe hypoglycemic attacks;
- Patients must have been optimally and intensively managed by an endocrinologist for at least 12 months with the most medically-recognized advanced insulin formulations and delivery systems;
- Patients must have the emotional and mental capacity to understand the significant risks associated with surgery and to effectively manage the lifelong need for immunosuppression; and,
- Patients must otherwise be a suitable candidate for transplantation.

If a kidney and pancreas transplants are performed simultaneously, the claim should contain a diabetes diagnosis code and a renal failure code or one of the hypertensive renal failure diagnosis codes. The claim should also contain two transplant procedure codes. If the claim is for a pancreas transplant only, the claim should contain a diabetes diagnosis code and a status code to indicate a previous kidney transplant. If the status code is not on the claim for the pancreas transplant, UnitedHealthcare will search the beneficiary's claim history for a status code indicating a prior kidney transplant.

Nationally Non-Covered Indications
The following procedure is not considered reasonable and necessary within the meaning of section 1862(a)(1)(A) of the Social Security Act:
- Transplantation of partial pancreatic tissue or islet cells (except in the context of a clinical trial, see section 260.3.1 of the National Coverage Determinations Manual).

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>48160</td>
<td>Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells (Not covered by Medicare)</td>
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<tr>
<td>48550</td>
<td>Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation</td>
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<tr>
<td>48551</td>
<td>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, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery</td>
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<td>48552</td>
<td>Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each</td>
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<tr>
<td>48554</td>
<td>Transplantation of pancreatic allograft (CMS sourced)</td>
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<th>ICD-10 Procedure Code</th>
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<tr>
<td>0FYG0Z0</td>
<td>Transplantation of pancreas, allogeneic, open approach (CMS sourced)</td>
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<tr>
<td>0FYG0Z1</td>
<td>Transplantation of pancreas, syngeneic, open approach (CMS sourced)</td>
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REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 260.3 Pancreas Transplants

CMS Claims Processing Manual
Chapter 3; § 90.5 Pancreas Transplants With Kidney Transplants, § 90.5.1 Pancreas Transplants Alone (PA)

CMS Transmittals
Transmittal 471, Dated 04/01/2016 (Chapter 31, Organ Acquisition Payment Policy)

MLN Matters
Article MM5093, Pancreas Transplants Alone (PA)
GUIDELINE HISTORY/REVISION INFORMATION

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