



ND

Medical Policies



Policy Number:	S-127		
Policy Name:	Pancreas Transplant		
Policy Type:	Medical	Policy Subtype:	Surgery
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Transplantation of a healthy pancreas is a treatment for individuals with insulin-dependent diabetes. Pancreas transplantation can restore glucose control, and is intended to prevent, halt, or reverse the secondary complications from diabetes.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Pancreas transplant after a prior kidney transplant may be considered medically necessary in individuals with insulin-dependent diabetes.

A combined pancreas and kidney transplant may be considered medically necessary in insulin-dependent diabetic individuals with uremia.

Pancreas transplant alone may be considered medically necessary in individuals with severely disabling and potentially life-threatening complications due to hypoglycemia unawareness and labile insulin-dependent diabetes that persists despite optimal medical management.

Pancreas re-transplant after a failed primary pancreas transplant may be considered medically necessary in

individuals who meet criteria for pancreas transplantation.

Pancreas transplant not meeting the criteria as indicated in this policy is considered not medically necessary.

In addition to the above criteria and subject to the discretion of the transplant center, a Hepatitis C Virus (HCV) positive donor organ maybe considered an acceptable organ option for an HCV negative adult recipient 18 years of age or older.

Procedure Codes

48550	48551	48552	48554	48556	48999	50300
50320	50323	50325	50327	50328	50329	50340
50360	50365	50370	50380	50547	S2065	

General Criteria

Potential contraindications for solid organ transplant that are subject to the judgment of the transplant center include the following:

- Known current malignancy, including metastatic cancer; **or**
- Recent malignancy with high risk of recurrence; **or**
- Untreated systemic infection making immunosuppression unsafe, including chronic infection; **or**
- Other irreversible end-stage diseases not attributed to kidney disease; **or**
- History of cancer with a moderate risk of recurrence; **or**
- Systemic disease that could be exacerbated by immunosuppression; **or**
- Psychosocial conditions or chemical dependency affecting the ability to adhere to therapy; **or**
- Human Immunodeficiency virus (HIV) disease unless ALL of the following are noted:
 - CD4 count greater than 200 cells/mm; **and**
 - Undetectable HIV-1 ribonucleic acid (RNA) viral load; **and**
 - Three (3) or more months of stable anti-retroviral therapy; **and**
 - Absence of opportunistic infections (e.g., aspergillus, tuberculosis, coccidioidi, other resistant fungal infections) or neoplasms (e.g., Kaposi's sarcoma) associated with HIV disease.

Pancreas-Specific Criteria

Candidates for pancreas transplant alone should also meet **ONE** of the following severities of illness criteria:

- Documented severe hypoglycemia unawareness as evidenced by chart notes or emergency department visits; **or**
- Documented potentially life-threatening labile diabetes, as evidenced by chart notes or hospitalization for diabetic ketoacidosis.

Additionally, most pancreas transplant individuals will have type 1 diabetes. Those transplant candidates with type 2 diabetes, in addition to being insulin-dependent, should also not be obese (body mass index should be Less than or equal to 32 kg/m²).

Multiple Transplant Criteria

Although there are no standard guidelines for multiple pancreas transplants, the following information may aid in case review:

- If there is early graft loss resulting from technical factors (e.g., venous thrombosis), a re-transplant may generally be performed without substantial additional risk.
- Long-term graft losses may result from chronic rejection, which is associated with increased risk of infection following long-term immunosuppression, and sensitization, which increases the difficulty of finding a negative crossmatch. Some transplant centers may wait to allow reconstitution of the immune system before initiating re-transplant with an augmented immunosuppression protocol.

Professional Statements and Societal Positions Guidelines

Organ Procurement and Transplantation Network-2022

The Organ Procurement and Transplantation Network updated its comprehensive list of transplant-related policies, most recently in September 2022.

For pancreas registration:

- 'Each candidate registered on the pancreas waiting list must meet one of the following requirements:
 - Be diagnosed with diabetes
 - Have pancreatic exocrine insufficiency
 - Require the procurement or transplantation of a pancreas as part of a multiple organ transplant for technical reasons.'
- For combined kidney plus pancreas registration: 'Each candidate registered on the kidney-pancreas waiting list must be diagnosed with diabetes or have pancreatic exocrine insufficiency with renal insufficiency.'

The American Society of Transplantation-2017

The American Society of Transplantation (2017) convened a consensus conference of experts to address issues related to the transplantation of hepatitis C virus (HCV) non-viremic recipients. Key findings and recommendations are:

- Definition of HCV positive
 - HCV viremic reflecting a positive NAT should be adopted Data interpretation
- Data interpretation
 - HCV antibody status alone limits interpretation of outcomes of transplantation of HCV 'positive' organs
- Transmission and Treatment
 - Highest risk for unexpected HCV transmission is associated with organ donation from a person who injected drugs within the eclipse or pre-viremic period
- OPTN policy
 - No current policies prevent transplantation of HCV-viremic organs into HCV non-viremic recipients
- Ethical considerations
 - Transplantation of HCV-viremic organs into HCV non-viremic recipients should be conducted under site specific IRB approved protocols with multi-step informed consent.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes 48550; 48551; 48552; 48554; 48556; 48999; S2065

E10.8	E10.10	E10.11	E10.21	E10.22	E10.29	E10.36
E10.39	E10.40	E10.41	E10.42	E10.43	E10.44	E10.49
E10.51	E10.52	E10.59	E10.65	E10.69	E10.311	E10.319
E10.610	E10.618	E10.620	E10.621	E10.622	E10.628	E10.630
E10.638	E10.641	E10.649	E10.3211	E10.3212	E10.3213	E10.3291
E10.3292	E10.3293	E10.3311	E10.3312	E10.3313	E10.3391	E10.3392
E10.3393	E10.3411	E10.3412	E10.3413	E10.3491	E10.3492	E10.3493
E10.3511	E10.3512	E10.3513	E10.3591	E10.3592	E10.3593	E11.8
E11.00	E11.01	E11.10	E11.11	E11.21	E11.22	E11.29
E11.36	E11.39	E11.40	E11.41	E11.42	E11.43	E11.44
E11.49	E11.51	E11.52	E11.59	E11.65	E11.69	E11.311
E11.319	E11.610	E11.618	E11.620	E11.621	E11.622	E11.628
E11.630	E11.638	E11.641	E11.649	E11.3211	E11.3212	E11.3213
E11.3291	E11.3292	E11.3293	E11.3311	E11.3312	E11.3313	E11.3391
E11.3392	E11.3393	E11.3411	E11.3412	E11.3413	E11.3491	E11.3492
E11.3493	E11.3511	E11.3512	E11.3513	E11.3591	E11.3592	E11.3593
E13.8	E13.21	E13.22	E13.29	E13.69	T86.890	T86.891
T86.892	T86.898	T86.899	Z79.4	Z90.5		

Covered Diagnosis Codes for Procedure Codes: 50300; 50320; 50323; 50325; 50327; 50328; 50329; 50340; 50360; 50365; 50370; 50380; 50547

N18.4	N18.5	N18.6	N18.9
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CURRENT CODING

CPT:

48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Commercial
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Commercial
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Commercial
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Commercial
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Commercial
48999	UNLISTED PROCEDURE PANCREAS	Commercial
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Commercial
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Commercial
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Commercial
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Commercial
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Commercial
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Commercial
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Commercial
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Commercial
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Commercial
50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Commercial
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	Commercial

50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	Commercial
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Commercial
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	Medicaid Expansion
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	Medicaid Expansion
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	Medicaid Expansion
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	Medicaid Expansion
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	Medicaid Expansion
48999	UNLISTED PROCEDURE PANCREAS	Medicaid Expansion
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Medicaid Expansion
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Medicaid Expansion
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Medicaid Expansion
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Medicaid Expansion
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Medicaid Expansion
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Medicaid Expansion
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Medicaid Expansion
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Medicaid Expansion
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Medicaid Expansion
50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Medicaid Expansion
50370	REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	Medicaid Expansion

50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	Medicaid Expansion
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Medicaid Expansion

HCPCS:

S2065	Simult panc kidn trans	Commercial
S2065	Simult panc kidn trans	Medicaid Expansion

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ND Committee Review

Internal Medical Policy Committee 1-19-2021 Revision - *Effective March 01, 2021*

- Title Change; and
- Multiple revisions throughout the policy; and
- **Added** multiple new procedure codes; and
- **Added** additional Diagnosis codes.

Internal Medical Policy Committee 1-20-2022 Annual Review - *Effective March 07, 2022*

- No changes in criteria

Internal Medical Policy Committee 11-29-2022 Annual Review - *Effective January 02, 2023*

Internal Medical Policy Committee 11-15-2023 Annual Review - *Effective January 01, 2024*

- No changes in criteria

Internal Medical Policy Committee 1-16-2024 Revision - *Effective March 04, 2024*

- **Added** criteria for HIV; and
- **Updated** references.

Internal Medical Policy Committee 1-14-2025 Annual Review - *Effective March 03, 2025*

- No changes in criteria
- **Added** Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.