
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health &
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MANUALIZATION--*EFFECTIVE DATE: Non-applicable*
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Section 4177, Intestinal and Multi-Visceral Transplantation, outlines the basic coverage guidelines for intestinal and multi-visceral transplants.

Section 4177.1, Approved Transplant Facilities, gives references to specific criterion for approved transplants facilities.

Section 4177.2, Payment Procedures for Intestinal and Multi-Visceral Transplants, outlines diagnosis and procedures coding for intestinal and multi-visceral transplants.

Section 4177.3, Carrier Processing Instructions for Intestinal and Multi-Visceral Transplants, explains CPT coding for form CMS-1500 for various intestinal transplant services.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

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4177 INTESTINAL AND MULTI-VISCERAL TRANSPLANTS

Effective for services performed on or after April 1, 2001, Medicare covers intestinal and multi-visceral transplantation for the purpose of restoring intestinal function in patients with irreversible intestinal failure. Intestinal failure is defined as the loss of absorptive capacity of the small bowel secondary to severe, primary gastrointestinal disease or surgically-induced short bowel syndrome. Intestinal failure prevents oral nutrition and may be associated with mortality and profound morbidity. Multi-visceral transplantation includes organs in the digestive system (i.e., stomach, duodenum, pancreas, liver, intestine and colon). This procedure is also only performed for patients who have failed total parenteral nutrition (TPN). For specific coverage criteria see Coverage Issues Manual (CIM) §35-53.

4177.1 Guidelines for Intestinal and Multi-Visceral Transplant Facilities.--The procedure for intestinal and multi-visceral transplants is covered only when performed for patients who have failed total parental nutrition (TPN) and only when furnished in facilities that meet approval criteria. Please refer to CIM §35.53 for specific instructions on how to apply for facility approval.

4177.2 Payment Procedures for Intestinal and Multi-Visceral Transplants.-- Immunosuppressive therapy for intestinal transplantation is covered. The ICD-9-CM procedure code for intestinal transplantation is 46.97; there is no specific ICD-9-CM diagnosis code for intestinal failure. Although diagnosis codes exist to capture the causes of intestinal failure, some examples of intestinal failure include, but are not limited to:

- Volvulus 560.2;
- Volvulus gastroschisis 756.79, other [congenital] anomalies of abdominal wall;
- Volvulus gastroschisis 569.89, other specified disorders of intestine;
- Necrotizing enterocolitis 777.5, necrotizing enterocolitis in fetus or newborn;
- Necrotizing enterocolitis 014.8, other tuberculosis of intestines, peritoneum, and mesenteric;
- Necrotizing enterocolitis and splanchnic vascular thrombosis 557.0, acute vascular insufficient of intestine;
- Inflammatory bowel disease 569.9, unspecified disorder of intestine;
- Radiation enteritis 777.5, necrotizing enterocolitis in fetus or newborn; and
- Radiation enteritis 558.1.

NOTE: In the absence of national edits, carriers may create local edits for the above list of ICD-9-CM codes.

Physicians will be paid for the transplant procedure using the fee schedule for CPT code 44135, intestinal transplantation from cadaver donor. The national coverage policy is silent with regard to coverage of living donor intestinal transplantation. Therefore, contractors have the discretion to determine coverage on CPT code 44136, intestinal allotransplantation from living donor.

For acquisition of organs for intestinal and multi-visceral transplantation, physicians should report one of the following CPT codes for the donor enterectomy as appropriate: 44132, open with preparation and maintenance of allograft from cadaver donor, or 44133, partial from living donor. These codes will be paid under the physician fee schedule until such time as the regulatory definition of “organ” is revised, which would allow payment to be made on a reasonable cost basis.

4177.3 Carrier Processing Instructions for Intestinal and Multi-Visceral Transplants.-- In block 24D of Form CMS-1500 or equivalent portions of the electronic claims, physicians should enter one of the following CPT codes for intestinal transplantation:

- 44135 - Intestinal allotransplantation; from cadaver donor, or
- 44136 - Intestinal allotransplantation; from living donor.

Physicians excising donor intestines for transplantation should bill one of the following CPT codes as appropriate:

- 44132 - donor enterectomy from cadaver donor, or
- 44133 - donor enterectomy, partial, from living donor.

These services should be billed with the recipient's health insurance number.