

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: PA.095.PH
Last Review Date: 11/08/2018
Effective Date: 01/01/2019

PA.095.PH – Pancreatectomy with Autologous Islet Cell Transplantation

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Pancreatectomy with Autologous Islet Cell Transplantation** medically necessary for the following indications:

1. Chronic pancreatitis with intractable pain; or
2. Acute relapsing pancreatitis (ARP) with episodes that are frequent, disruptive and persist over time; or
3. Intractable pain from other confirmed benign disease of the pancreas including pancreatic pseudocysts, cystic neoplasms (e.g. intrapapillary mucinous neoplasms IPMN), insulinomas, or neuroendocrine and other tumors.
And
4. Other treatments have failed to adequately control symptoms including:
 - a. Conservative medical therapy including pain management and dietary modifications and/or
 - b. Endoscopic drainage and/or stenting of pancreatic ducts (or the member is not a candidate for this treatment) and/or
5. Intractable pain from other confirmed benign disease of the pancreas including pseudocysts, cystic neoplasms, insulinomas, or neuroendocrine tumors.
And
6. The member is in need of a total pancreatectomy, or partial pancreatectomy with possibility of future complete pancreatectomy
And
7. The member is non-diabetic at the time of pancreatectomy or is diabetic, but the C-peptide level demonstrates evidence of beta cell function as stable

Note: If the member does not require insulin pre- pancreatectomy, C-peptide levels are not needed to confirm there is beta cell function

Limitations

Islet Cell extraction for Auto-transplantation can be performed only in facilities that are Food and Drug Administration (FDA) approved for extraction of Islet cells from the Pancreas.

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Experimental and Investigational and therefore not covered for chronic pancreatitis:

- Allogeneic Islet Cell Transplant
- Xenogeneic Islet Cell Transplant (all xenogeneic transplants are considered experimental and investigational)
- All other indications not listed in this policy.

Background

Chronic pancreatitis is the inflammation of the pancreas that worsens with time ultimately leading to the destruction of the gland. It can lead to exocrine pancreatic insufficiency and diabetes. Treatment options include pain management and dietary modifications initially, but chronic and recurrent episodes may lead to a autologous islet cell transplantation.

A typical islet cell transplant requires over 500,000 islet cells, but varies depending on the recipient's weight. One of the desired patient outcomes is insulin independence. Elimination of clinically significant hypoglycemia episodes and improved glucose control are other important patient outcomes. One or more pancreata are obtained from donor(s). The islets must be removed within hours after the recovery of the donor pancreas to ensure viability. The islet cells are transplanted by injection into the portal vein of the recipient either using direct visualization, guided ultrasound or percutaneously. The islet cell transplant may be performed alone, in combination with a kidney transplant, or after a kidney transplant. Islet recipients require immunosuppressant therapy to prevent rejection of the transplanted islet cells. Routine follow-up care is necessary for each trial participant.

One of the goals of pancreatectomy with autologous islet cell transplantation is to prevent the onset of diabetes, reduce the severity of the disease, reduce the pain and ultimately improve one's quality of life.

Codes:

| CPT Codes / HCPCS Codes / ICD-10 Codes | |
|--|--|
| Code | Description |
| 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells |

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| G0341 | Percutaneous islet cell transplant, includes portal vein catheterization and infusion |
| G0342 | Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion |
| G0343 | Laparotomy for islet cell transplant, includes portal vein catheterization and infusion |

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Disclaimer:

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Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if

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necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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