Medical Policy
Islet Transplantation

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Policy Number: 324
BCBSA Reference Number: 7.03.12 (For Plan internal use only)

Related Policies
- Insulin Delivery Devices, #332
- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid, #107
- Allogeneic Pancreas Transplant, #328

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Autologous pancreas islet transplantation may be considered MEDICALLY NECESSARY as an adjunct to a total or near total pancreatectomy in patients with chronic pancreatitis.

Allogeneic islet transplantation is considered INVESTIGATIONAL for the treatment of type 1 diabetes.

Islet transplantation is considered INVESTIGATIONAL in all other situations.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Commercial PPO and Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>This procedure is performed in the inpatient setting.</td>
<td>This procedure is performed in the inpatient setting.</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0584T</td>
<td>Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous</td>
</tr>
<tr>
<td>0585T</td>
<td>Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic</td>
</tr>
<tr>
<td>0586T</td>
<td>Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open</td>
</tr>
<tr>
<td>48160</td>
<td>Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells</td>
</tr>
</tbody>
</table>

### HCPCS Codes

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0341</td>
<td>Percutaneous islet cell transplant, includes portal vein catheterization and infusion</td>
</tr>
<tr>
<td>G0342</td>
<td>Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion</td>
</tr>
<tr>
<td>G0343</td>
<td>Laparotomy for islet cell transplant, includes portal vein catheterization and infusion</td>
</tr>
</tbody>
</table>

### ICD-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>3E030U0</td>
<td>Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Open Approach</td>
</tr>
<tr>
<td>3E030U1</td>
<td>Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Open Approach</td>
</tr>
<tr>
<td>3E033U0</td>
<td>Introduction of Autologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach</td>
</tr>
<tr>
<td>3E033U1</td>
<td>Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach</td>
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</tbody>
</table>

### Description

**Islet Transplantation**

In autologous islet transplantation during the pancreatectomy procedure, islet cells are isolated from the resected pancreas using enzymes, and a suspension of the cells is injected into the portal vein of the patient's liver. Once implanted, the beta cells in these islets begin to make and release insulin.

Allogeneic islet transplantation potentially offers an alternative to whole-organ pancreas transplantation. In the case of allogeneic islet cell transplantation, cells are harvested from a deceased donor's pancreas, processed, and injected into the recipient's portal vein. Up to 3 donor pancreas transplants may be required to achieve insulin independence. However, a limitation of islet transplantation is that 2 or more donor organs are usually required for successful transplantation, although experimentation with single-donor transplantation is occurring. A pancreas that is rejected for whole-organ transplant is typically used for islet transplantation. Therefore, islet transplantation has generally been reserved for patients with frequent and severe metabolic complications who have consistently failed to achieve control with insulin-based management. Allogeneic transplantation may be performed in the radiology department.
In 2000, a modified immunosuppression regimen increased the success of allogeneic islet transplantation. This regimen is known as the “Edmonton protocol.”

Summary
Performed in conjunction with pancreatectomy for chronic pancreatitis, autologous islet transplantation is proposed to reduce the likelihood of insulin-dependent diabetes. Allogeneic islet cell transplantation is also being investigated as a treatment or cure for patients with type 1 diabetes.

For individuals with chronic pancreatitis undergoing total or near-total pancreatectomy who receive autologous pancreas islet transplantation, the evidence includes nonrandomized studies and systematic reviews. Relevant outcomes are overall survival, change in disease status, medication use, resource utilization, and treatment-related morbidity. Autologous islet transplants are performed in the context of total or near-total pancreatectomies to treat intractable pain from chronic pancreatitis. The procedure appears to decrease significantly the incidence of diabetes after total or near-total pancreatectomy in patients with chronic pancreatitis. Also, this islet procedure is not associated with serious complications and is performed in patients who are already undergoing a pancreatectomy procedure. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals with type 1 diabetes who receive allogeneic pancreas islet transplantation, the evidence includes a randomized controlled trial, registry studies, and systematic reviews. Relevant outcomes are overall survival, change in disease status, medication use, resource utilization, and treatment-related morbidity. Results of a 2018 randomized trial have suggested some reduction in the number of severe hypoglycemic incidence annually, but limited follow-up and other trial limitations reduce the certainty in conclusions drawn. A wide range of insulin independence has been reported in case series. There is conflicting evidence on whether allogeneic islet transplantation reduces long-term diabetic complications. Long-term comparative studies are required to determine the effects of allogeneic islet transplantation in type 1 diabetics. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>9/2021</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>1/2021</td>
<td>Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.</td>
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<tr>
<td>10/2020</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
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<tr>
<td>1/2020</td>
<td>Clarified coding information.</td>
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<tr>
<td>10/2019</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
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<tr>
<td>10/2018</td>
<td>Annual policy review. Description, summary, and references updated. Policy statements unchanged.</td>
</tr>
<tr>
<td>9/2017</td>
<td>Annual policy review. New references added.</td>
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<tr>
<td>7/2015</td>
<td>Annual policy review. New references added.</td>
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<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
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<td>4/2014</td>
<td>Coding information clarified.</td>
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<tr>
<td>8/2013</td>
<td>Annual policy review. New references added.</td>
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<tr>
<td>11/2011</td>
<td>Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.</td>
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<td>-4/2012</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
References


