



MEDICAL COVERAGE GUIDELINES  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 09/06/17  
LAST REVIEW DATE: 09/18/18  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

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## SMALL BOWEL TRANSPLANT

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## **SMALL BOWEL TRANSPLANT (cont.)**

### **Description:**

A small bowel transplant is a surgical procedure in which a small bowel from a cadaveric or living donor is placed in the body of a recipient. This procedure is typically performed on individuals with short bowel syndrome (SBS) or intestinal failure.

SBS is a condition in which the absorbing surface of the small intestine is inadequate due to extensive disease or surgical removal of a large portion of small intestine. Individuals with SBS are unable to obtain adequate nutrition from enteral feeding and become dependent upon total parenteral nutrition (TPN).

Intestinal failure results from surgical resection, congenital defect or disease-associated loss of absorption and is characterized by the inability to maintain protein-energy, fluid, electrolyte or micronutrient balance. SBS is one case of intestinal failure.

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### **Criteria:**

**For small bowel/liver and multivisceral transplant, see BCBSAZ Medical Coverage Guideline #O379, "Small Bowel/Liver and Multivisceral Transplant".**

**Small bowel transplants will be reviewed by the medical director(s) and/or clinical advisor(s).**

### **Pretransplantation Evaluation:**

- Pretransplantation evaluation criterion is met with documentation of psychosocial screen and **ALL** of the following:
  1. Drug/alcohol screen with documentation of **ONE** of the following:
    - No drug/alcohol abuse by history
    - Drug and alcohol free for a period greater than or equal to 6 months
  2. Behavioral health disorder screening with documentation of **ONE** of the following:
    - No behavioral health disorder by history
    - Behavioral health disorder by history with documentation of **BOTH** of the following:
      - No severe psychosis/personality disorder
      - Mood/anxiety disorder excluded/treated
  3. Individual understands surgical risk and post procedure compliance and follow-up
  4. Adequate social/family support

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## **SMALL BOWEL TRANSPLANT (cont.)**

### **Criteria: (cont.)**

- Small bowel transplant using a cadaveric intestine is considered **medically necessary** for pediatric and adult individuals with intestinal failure (short bowel syndrome) with documentation of **ALL** of the following:
  1. Pretransplantation evaluation criteria above is met
  2. Established long-term dependency on total parental nutrition (TPN) and are developing <sup>1</sup> or have developed<sup>1</sup> severe complications due to TPN
- Small bowel transplant using a living donor is considered **medically necessary** for pediatric and adult individuals with intestinal failure (short bowel syndrome) with documentation of **ALL** of the following:
  1. A cadaveric intestine is not available for transplantation
  2. Individual meets the above criteria for a cadaveric intestinal transplant
- Small bowel retransplant for pediatric and adult individuals is considered **medically necessary** after a failed primary small bowel transplant.
- Small bowel transplant using cadaveric or living donor for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to*:

- Pediatric and adult individuals who are able to tolerate TPN

<sup>1</sup> Individuals who are developing or have developed severe complications due to TPN include, *but are not limited to*, the following: multiple and prolonged hospitalizations to treat TPN-related complications (especially repeated episodes of catheter-related sepsis) or the development of progressive liver failure.



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## **SMALL BOWEL TRANSPLANT (cont.)**

### **Resources:**

**Literature reviewed 09/18/18. We do not include marketing materials, poster boards and non-published literature in our review.**

**The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.**

1. 7.03.04 BCBS Association Medical Policy Reference Manual. Isolated Small Bowel Transplant. Re-issue date 08/09/2018, issue date 12/01/1995.



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### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínigíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idííkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idííkidgo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

