Pancreatic Islet Cell Transplantation

Last Review Date: October 13, 2017  Number: MG.MM.TR.02C2

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Background
Chronic pancreatitis is a complex disease that originates from a variety of causes. Progressive inflammation of acinar tissue may affect endocrine tissue function, thereby progressively damaging the islets of Langerhans, resulting in diabetes. The course of the disease is often punctuated by repeated pancreatic duct stenting and/or partial pancreatectomy. Some patients undergo total pancreatectomy for pain relief, which leads to immediate and total insulin deficiency diabetes.

Autologous islet transplantation is a technique performed as an adjunct to a total or near total pancreatectomy in order to salvage and transplant beta cells to prevent complications of chronic diabetes. During the pancreatectomy, a suspension is created by mixing plasma and the isolated islet cells collected from the individual's own resected pancreatic specimen. This suspension is then injected into the portal vein of the liver where the cells function as a free graft.

Allogeneic pancreatic islet cell transplantation utilizes human donor cells (other than those of the recipient); xenotransplantation utilizes porcine cells, both are alternative procedures that require lifelong immunosuppression to prevent graft-rejection and recurrence of the autoimmune process. (See Limitations/Exclusions)

Guideline
Note: This guideline is specific to pancreatic islet cell transplantation for members with chronic pancreatitis who require pancreatectomy. For whole organ (pancreas) transplant to treat Type 1 diabetes, members and providers are directed to call the EmblemHealth Transplant Program for case management services at 1-800-447-0768.

Members with chronic pancreatitis are eligible for autologous pancreatic islet cell transplantation when the following criteria are met; both:

1. Severe pain refractory to medical management.

2. Transplantation is adjunctive to total/near-total pancreatectomy.
Limitations/Exclusions

The following types of transplantation are not considered medically necessary for the treatment of Type 1 diabetes due to insufficient evidence of therapeutic value:

1. Allogeneic islet cell transplantation.
2. Islet cell xenotransplantation.

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>48160</td>
<td>Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells</td>
</tr>
<tr>
<td>48550</td>
<td>Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation</td>
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</tbody>
</table>

Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>K86.0</td>
<td>Alcohol-induced chronic pancreatitis</td>
</tr>
<tr>
<td>K86.1</td>
<td>Other chronic pancreatitis</td>
</tr>
<tr>
<td>Z90.410</td>
<td>Acquired total absence of pancreas</td>
</tr>
<tr>
<td>Z90.411</td>
<td>Acquired partial absence of pancreas</td>
</tr>
</tbody>
</table>

References


Froud T, Ricordi C, Baidal DA, et al. Islet transplantation in type 1 diabetes mellitus using cultured islets and steroid-free


Vantyghem MC, Ravery V, Balavoine AS, et al. Continuous glucose monitoring after islet transplantation in type 1 diabetes: an excellent graft function (beta-score greater than 7) is required to abrogate hyperglycemia, whereas a minimal function is necessary to suppress severe hypoglycemia (beta-score greater than 3). J Clin Endocrinol Metab. 2012; 97(11):e2078-83.
