



Initial Small Bowel Transplantation Criteria

ALL of the following criteria must be met for each adult member or pediatric member who is a candidate for an initial transplantation, as specified below in items a through d:

- a. Member has total irreversible intestinal failure characterized by **BOTH** of the following conditions, as specified below in items (1) and (2):
 - (1) Loss of absorption; **AND**
 - (2) The inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance; **AND**
- b. Transplantation is for **any ONE (1)** of the following indications, as specified below as item (1), item (2), or item (3):
 - (1) Treatment of malignancy (when the transplant surgeon has determined that transplantation is the most appropriate treatment for the member's condition and treatment is consistent with the guidelines specified in the Limitations section of this policy); **OR**
 - (2) Intra-abdominal non-metastasizing tumor(s) that is growing locally and is progressively obstructing the bowel where removal of the tumor(s) requires resecting the entire intestine and replacing it with a transplanted intestine (when the transplant surgeon has determined that transplantation is the most appropriate treatment for the member's medical condition and treatment is consistent with the guidelines specified in the Limitations section of this policy); **OR**
 - (3) Failure of total parenteral nutrition (TPN), including home parenteral nutrition, resulting from **any ONE (1)** of the following criteria, as specified below as items (a) through (e):
 - (a) Sepsis with **at least ONE (1)** of the following, as specified below in item (i) or item (ii):
 - i. Severe sepsis as evidenced by the development of two (2) or more episodes of systemic sepsis per year secondary to line sepsis, requiring hospitalization; **OR**

- ii. A single episode of line-related fungemia, septic shock, and/or acute respiratory distress syndrome (ARDS); **OR**
 - (b) Frequent episodes of severe dehydration (as defined by the treating provider) despite intravenous fluid supplementation in addition to TPN (since frequent episodes of dehydration are detrimental to all body organs, especially the kidney and the central nervous system, with the development of multiple kidney stones, renal failure, and permanent brain damage); **OR**
 - (c) Impending or overt liver failure due to TPN-induced liver injury with **at least ONE (1)** of the following clinical manifestations, as specified below in items (i) through (vii):
 - i. Coagulopathy; **OR**
 - ii. Elevated serum bilirubin and/or liver enzymes; **OR**
 - iii. Gastroesophageal varices; **OR**
 - iv. Hepatic fibrosis or cirrhosis; **OR**
 - v. Splenomegaly; **OR**
 - vi. Stomal bleeding; **OR**
 - vii. Thrombocytopenia; **OR**
 - (d) Thrombosis of **TWO (2) or more** of the major central veins including jugular, subclavian, or femoral veins, as a life-threatening complication and failure of TPN therapy; **OR**
 - (e) Loss of vascular access;
- AND**
- c. All individual eligibility criteria of the transplanting institution are met; **AND**
 - d. The donor meets **ONE (1)** of the following guidelines, as specified below in item (1) or item (2):
 - (1) A cadaver donor will be used for the small bowel, small bowel-liver, or multivisceral transplant; **OR**
 - (2) A living donor will be used rather than a cadaver donor for a small bowel transplant or small bowel-liver transplant when the transplant team has determined that the member is a suitable candidate for a living donor transplant **and ONE (1)** of the following criteria are met, as specified below in item (a) or item (b):
 - (a) A cadaver donor is unavailable; **OR**
 - (b) Member is deteriorating clinically to the point of transplant ineligibility while waiting for cadaveric organ donation.