

# Regence

## Intestinal and Multi-Visceral Transplants

Published: 05/01/2026

Next Review: 01/2027

Last Review: 03/2026

### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual but they may also be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## MEDICARE ADVANTAGE POLICY CRITERIA

**Note:** Multi-visceral transplantation includes organs in the digestive system (stomach, duodenum, pancreas, liver and intestine).

### CMS Coverage Manuals

None

### National Coverage Determinations (NCDs)

*For Medicare Coverage Determinations and Articles, see the [Medicare Coverage Database](#)*

Intestinal and Multi-Visceral Transplantation ([260.5](#))

As of February 11, 2019, a list of CMS-Approved Organ Transplant Programs is available on the [Quality, Certification and Oversight Reports \(QCOR\) web site](#).

Select the “Resources” link at the top, right of the main QCOR page. Then select the “List of CMS-Approved Organ Transplant programs” link.

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records with documentation of irreversible intestinal failure (see NCD 260.5 for a definition of “intestinal failure”), treatment plan, and proposed transplant facility.

## CROSS REFERENCES

None

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1. Centers for Medicare and Medicaid Services (CMS) [Transplant Program Requirements](#) web page [Last Updated 9/6/2023]

## CODING

Codes	Number	Description
<b>CPT</b>	43999	Unlisted procedure, stomach
	44132	Donor enterectomy, (including cold preservation) open; from cadaver donor
	44133	Donor enterectomy, (including cold preservation) open; partial, from living donor
	44135	Intestinal allotransplantation; from cadaver donor
	44136	Intestinal allotransplantation; from living donor
	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each
	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
	44799	Unlisted procedure, small intestine
	47133	Donor hepatectomy, (including cold preservation) from cadaver donor
	47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
	47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
	47141	; total left lobectomy (segments II, III and IV)
	47142	; total right lobectomy (segments V, VI, VII and VIII)

<b>Codes</b>	<b>Number</b>	<b>Description</b>
	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
	47144	; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
	47145	; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
	47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
	47399	Unlisted procedure, liver
	48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
	48554	Transplantation of pancreatic allograft
	48999	Unlisted procedure, pancreas
<b>HCPCS</b>	S2053	Transplantation of small intestine, and liver allografts <i>(Not recognized by Medicare for payment)</i>
	S2054	Transplantation of multivisceral organs <i>(Not recognized by Medicare for payment)</i>
	S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor <i>(Not recognized by Medicare for payment)</i>
	S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre and posttransplant care in the global definition <i>(Not recognized by Medicare for payment)</i>