Clinical Review Criteria
Kidney/Pancreas Transplant

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Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
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</thead>
<tbody>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Pancreas Transplants (260.3)</td>
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<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>None</td>
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For Non-Medicare Members

Kaiser Permanente has elected to use the Renal Transplant (S-1015) MCG* for medical necessity determinations.

*MCG are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:

• Copy of final summary report from multidisciplinary transplant team

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

This service is covered when it is medically necessary and identified as a benefit in the consumer's coverage contract. The Kaiser Permanente Nephrologists in collaboration with the GHC Transplant Committee and the Transplant Centers define the Kaiser Permanente patient selection criteria.

Evidence and Source Documents

Kaiser Permanente Committee on Emerging Technology
Transplant, simultaneous Pancreas/Kidney (SPK) - 7/11/1990
Simultaneous pancreas/kidney transplantation is approved for diabetic patients who otherwise would be candidates for a kidney transplant, subject to review in six months.

The University of Washington transplant criteria set are used as a source document and updated when new efficacy data becomes available by the GHC Nephrology section with approval by the GHC Transplant Committee.

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Date Reviewed</th>
<th>Date Last Revised</th>
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MDCRPC Medical Director Clinical Review and Policy Committee
MPC Medical Policy Committee
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<tr>
<th>Revision History</th>
<th>Description</th>
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**Codes**

CPT

Kidney: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50547

Pancreas: 48550, 48551, 48552, 48554, 48556, 48550, 48551, 48552, S2065