

Allogenic Pancreatic Islet Cell Transplantation

Description	Allogeneic Pancreatic Islet Cell Transplantation is a procedure in which the insulin-producing islet cells alone (without the remainder of the pancreas) are transplanted from one individual to another. Allogeneic islet cell transplants are under investigation as a possible treatment for diabetes.				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Autologous Pancreatic Islet Cell Transplantation - Autologous islet cell transplant is the infusion of a patient's own pancreatic islet cells into a vein of the liver after removal of the pancreas for severe chronic pancreatitis.• Transplants - The transfer of an organ or blood and/or marrow from one individual to another.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.3.24</td><td>Updated to new template.</td></tr></table>	Date	Description	4.3.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation (MP9456)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation (MP9456)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Allogeneic Pancreatic Islet Cell Transplantation</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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