

Autologous Pancreatic Islet Cell Transplantation

Description	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.
See also	Similar, related, or easily confused documents: <ul style="list-style-type: none">• Islet Cell Transplantation, Allogenic Pancreatic - Allogeneic islet cell transplants are under investigation as a possible treatment for diabetes.• Transplants - The transfer of an organ or blood and/or marrow from one individual to another.
Commercial	Autologous transplants are covered after Pancreatectomy. <ul style="list-style-type: none">• Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.• Do NOT quote under physician and/or hospital benefits.
Individual and Family Business (IFB)	Autologous transplants are covered after Pancreatectomy. <ul style="list-style-type: none">• Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.• Do NOT quote under physician and/or hospital benefits.
National Accounts Member Services (NAMS)	Transplant benefits will be listed separately in the group's iBAAG, if coverage exists. <ul style="list-style-type: none">• After quoting benefits, transfer the caller to the number found in the iBAAG.• If there is not a transfer number in iBAAG, transfer to the Optum number listed on the NAMS Contact List (Phone Numbers).• Notification/prior authorization is needed.• Medica's transplant nurse coordinators can be contacted (internal transfer x26677) for the following:<ul style="list-style-type: none">- Potential transplant inquiries- Case management

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Autologous Pancreatic Islet Cell Transplantation, Continued

Center for
Healthy Aging
(CHA)

Refer to the table below.

Plan	Coverage
Prime Solution	<ul style="list-style-type: none">• Autologous transplants are covered after Pancreatectomy.• Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.• Do NOT quote under physician and/or hospital benefits.• This is a cost-sharing plan.• Follows Medicare guidelines.• Provider needs to bill per guidelines found in the Medicare Product Grid (look for the <i>Product Grid – Medicare</i> documents).• Reminder: These members can see providers outside of the Medica Service Area (MSA) and receive in-network (INN) benefits. Refer to Out-of-MSA Benefits (Prime Solution) for details.
Select Solution	<ul style="list-style-type: none">• Autologous transplants are covered after Pancreatectomy.• Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.• Do NOT quote under physician and/or hospital benefits.• This is a true Medicare supplement plan. Medicare will be the primary payer.• Follows Medicare guidelines.

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Autologous Pancreatic Islet Cell Transplantation, Continued

Care Coordination Products (CCP)

Refer to the table below.

Plan	Coverage
AccessAbility/ SNBC	For Medicaid only groups : <ul style="list-style-type: none">Refer to State Public Programs (SPP) below.
MSC+/ Minnesota Senior Care Plus	For Medicare eligible groups : <ul style="list-style-type: none">Autologous transplants are covered after Pancreatectomy.Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.Do NOT quote under physician and/or hospital benefits.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid benefits apply instead. Refer to State Public Programs (SPP) below.
Dual Solution/ MSHO	<ul style="list-style-type: none">Autologous transplants are covered after Pancreatectomy.Benefits are located in the <i>Organ and Bone Marrow Transplant Services</i> section of the Plan Document.Do NOT quote under physician and/or hospital benefits.Medica is the only payer.

State Public Programs (SPP)

Autologous transplants are covered after Pancreatectomy.

- Benefits are located in the *Organ and Bone Marrow Transplant Services* section of the Plan Document.
- Do NOT quote under physician and/or hospital benefits.

Document history

Document history outlined below.

Date	Description
11.14.16	Refreshed for age.