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# Medicare

## Carriers Manual

### Part 3 - Claims Process

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

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#### CHANGE REQUEST 1049

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
4176.1- 4176.1 (Cont.)	4-45.1I - 4-45.1K (3 pp.)	4-45.1I (1 p.)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: July 1, 1999***  
***IMPLEMENTATION DATE: April 1, 2000***

Section 4176. Pancreas Transplants, is revised to state if the pancreas transplant occurs after the kidney transplant, calculate the period of entitlement to immunosuppressive therapy beginning with the date of discharge from the admission for the pancreas transplant.

Section 4176.1. Billing Instructions Pancreas Transplants, is revised to add a listing of diagnosis codes for pancreas transplants, and to change the EOMB and MSN messages to state the claim will be denied for medical necessity reasons if it does not contain an appropriate diagnosis code.

Do not search for claims that have been processed under previous instructions. Reopen claims that are brought to your attention.

**These instructions should be implemented within your current operating budget.**

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

4175.4 Performance Indicators.--

- o Implement instructions upon receipt of these instructions.
- o Sample review claims after payment to determine that payment safeguards are met; and
- o Sample review claims to assure that you and the fiscal intermediary are not making payment for the same services.

4176. PANCREAS TRANSPLANTS

Pancreas transplantation is performed to induce an insulin independent, euglycemic state in diabetic patients. The procedure is generally limited to those patients with severe secondary complications of diabetes, including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness.

Effective July 1, 1999, Medicare will cover pancreas transplantation when it is performed in a licensed facility at the same time or after a kidney transplant (HCPCS code 50360 or 50365). If the pancreas transplant occurs after the kidney transplant, calculate the period of entitlement to immunosuppressive therapy beginning with the date of discharge from the admission for the pancreas transplant.

4176.1 Billing Instructions for Pancreas Transplants.--The following HCPCS code for pancreas transplants should appear in Block 24d of the HCFA 1500:

- o 48554 - Transplantation of pancreatic allograft.

Pancreas transplantation is reasonable and necessary for the following diagnosis codes. However, since this is not an all inclusive list, you are permitted to determine if any additional diagnosis codes will be covered for this procedure.

Diabetes Diagnosis Codes:

250.00 Diabetes mellitus without mention of complication, type II (non-insulin dependent) (NIDDM) (adult onset) or unspecified type, not stated as uncontrolled.

250.01 Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), not stated as uncontrolled.

250.02 Diabetes mellitus without mention of complication, type II (non-insulin dependent) (NIDDM) (adult onset) or unspecified type, uncontrolled.

250.03 Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), uncontrolled.

**NOTE:** X=0-3

- 250.1X Diabetes with ketoacidosis
- 250.2X Diabetes with hyperosmolarity
- 250.3X Diabetes with coma
- 250.4X Diabetes with renal manifestations
- 250.5X Diabetes with ophthalmic manifestations
- 250.6X Diabetes with neurological manifestations
- 250.7X Diabetes with peripheral circulatory disorders
- 250.8X Diabetes with other specified manifestations
- 250.9X Diabetes with unspecified complication

**Hypertensive Renal Diagnosis Codes:**

- 403.01 Malignant hypertensive renal disease, with renal failure
- 403.11 Benign hypertensive renal disease, with renal failure
- 403.91 Unspecified hypertensive renal disease, with renal failure
- 404.02 Malignant hypertensive heart and renal disease, with renal failure
- 404.03 Malignant hypertensive heart and renal disease, with congestive heart failure or renal failure
- 404.12 Benign hypertensive heart and renal disease, with renal failure
- 404.13 Benign hypertensive heart and renal disease, with congestive heart failure or renal failure
- 404.92 Unspecified hypertensive heart and renal disease, with renal failure
- 404.93 Unspecified hypertensive heart and renal disease, with congestive heart failure or renal failure

**Chronic Renal Failure Code:**

585

**NOTE:** If a patient had a kidney transplant that was successful, the patient no longer has chronic kidney failure, therefore it would be inappropriate for the provider to bill 585 on such a patient. In these cases one of the following V-codes should be present on the claim or in the beneficiary's history.

Use the following V-codes only when a kidney transplant was performed before the pancreas transplant:

- V42.0 Organ or tissue replaced by transplant kidney
- V43.89 Organ tissue replaced by other means, kidney or pancreas

**NOTE:** If the kidney and pancreas transplants are performed simultaneously, the claim ~~shall~~ contain a diabetes diagnosis code and a renal failure code or one of the hypertensive renal failure diagnosis codes. The claim should also contain 2 transplant procedure codes. If the claim is for a pancreas transplant only, the claim should contain a diabetes diagnosis code and a V-code to indicate a previous kidney transplant. If the V-code is not on the claim for the pancreas transplant, search the beneficiary's claim history for the V-code.

A. Medicare Summary Notice (MSN), Explanation of Your Medicare Benefits (EOMB), and Remittance Messages.--If a claim for simultaneous pancreas-kidney transplantation or pancreas transplantation following a kidney transplant is submitted to you and is missing one of the appropriate diagnosis codes, deny the claim and use the following EOMB or MSN message:

- o EOMB 15.9, “The information we have in your case does not support the need for this service.”
- o MSN 15.4, “The information provided does not support the need for this service or item.”

Use the following in the Remittance Message:

- o Claim adjustment reason code 50, “These are non-covered services because this is not deemed a medical necessity by the payer.”

If a claim is denied because no evidence of a prior kidney transplant is presented, use the following EOMB or MSN message:

- o EOMB 15.9, “The information we have in your case does not support the need for this service.”
- o MSN 15.4, “The information provided does not support the need for this service or item.”

Use the following in the Remittance Message:

- o Claim adjustment reason code 50, “These are non-covered services because this is not deemed a medical necessity by the payer.”

To further clarify the situation, the carrier should also use the new claim level remark code, MA126, “Pancreas transplant not covered unless kidney transplant performed.”