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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 957

Date: MAY 19, 2006

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CHANGE REQUEST 5093

**SUBJECT: Pancreas Transplants Alone (PA)**

**I. SUMMARY OF CHANGES:** Effective for services performed on or after April 26, 2006, Medicare will cover pancreas transplantation alone for patients who meet certain criteria identified with type I diabetes. Section 90.5.1 has been added to provide claims processing guidance for the new coverage. Section 90.5 has also been slightly modified to include a title change and the addition of existing claims information for carriers.

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: April 26, 2006**  
**IMPLEMENTATION DATE: No later than July 3, 2006 for Carriers. October 2, 2006 for FIs.**

*Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:**  
**(R = REVISED, N = NEW, D = DELETED)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/Table of Contents
R	3/90.5/Pancreas Transplants with Kidney Transplants
N	3/90.5.1/Pancreas Transplants Alone (PA)

**III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006/07 operating budgets.**

**IV. ATTACHMENTS:**

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

\*Unless otherwise specified, the effective date is the date of service.

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 957	Date: May 19, 2006	Change Request: 5093
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**SUBJECT: Pancreas Transplants Alone (PA)**

## I. GENERAL INFORMATION

**A. Background:** Medicare covers whole organ pancreas transplantation when it is performed in conjunction with or after kidney transplantation (National Coverage Determination (NCD) Manual section 260.3). However, Medicare does not cover pancreas transplantation alone (PA) in diabetes patients without end-stage renal failure due to a lack of sufficient evidence based in large part on a 1994 Office of Health Technology Assessment report.

On July 1, 2005 the Departmental Appeals Board issued a ruling that the current record was not complete and adequate to support the validity of the provision excluding Medicare coverage of all PA procedures. The ruling did not address whether the current NCD is valid under the reasonableness standard. Based on the Board's recent ruling, CMS opened an NCD to determine whether PA is reasonable and necessary.

This CR provides claims processing instructions for PA claims. Carriers are able to implement this instruction on July 3, 2006, however, FIs are not able to implement this instruction until the FY 2007 Grouper software, version 24.0 is installed. This version of the Grouper, among other things, updates DRG 513 (Pancreas Transplant) to not require kidney transplant ICD-9 diagnosis codes along with the pancreas transplant. Thus, Part A claims processing instructions are provided with an implementation date that parallels with the installment of the updated Grouper software, which is October 2, 2006.

In addition, contractors are being instructed to hold any PA claims, with dates of service on or after April 26, 2006 (PA claims with discharge dates on or after April 26, 2006 for FIs), until the claims can be processed in the contractors system.

**B. Policy:** Effective for services/discharge dates performed on or after April 26, 2006, PA is reasonable and necessary for Medicare beneficiaries in the following limited circumstances:

- Facilities must be Medicare-approved for kidney transplantation (Approved centers are found at: [http://www.cms.hhs.gov/ESRDGeneralInformation/02\\_Data.asp#TopOfPage](http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage));
- Patients must have a diagnosis of type I diabetes:
- The patient with diabetes must be beta cell autoantibody positive, or
- The patient must demonstrate insulinopenia defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method. Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose  $\leq 225$  mg/dL;
- Patients must have a history of medically-uncontrollable labile (brittle) insulin-dependent diabetes mellitus with documented recurrent, severe, acutely life-threatening metabolic complications that require hospitalization. Aforementioned complications include frequent hypoglycemia unawareness or recurring severe ketoacidosis, or recurring severe hypoglycemic attacks;

- Patients must have been optimally and intensively managed by an endocrinologist for at least 12 months with the most medically-recognized advanced insulin formulations and delivery systems.
- Patients must have the emotional and mental capacity to understand the significant risks associated with surgery and to effectively manage the lifelong need for immunosuppression.
- Patients must otherwise be a suitable candidate for transplantation.

Modification of the current coverage policy on pancreas transplants can be found in Pub. 100-02, section 260.3 and claims processing information is located in Pub. 100-04, chapter 3, section 90.5.1.

## II. BUSINESS REQUIREMENTS

*“Shall” denotes a mandatory requirement*

*“Should” denotes an optional requirement*

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5093.1	Carriers should encourage providers to hold PA claims for dates of service April 26, 2006 and after until July 3, 2006 when contractor claims processing systems are developed to accept and pay these claims.			X						
5093.1.1	Fiscal Intermediaries should encourage providers to hold PA claims until after October 2, 2006 when contractor claims processing systems are developed to accept and pay these claims.	X								
5093.1.2	As soon as possible carriers shall hold PA claims, for dates of service April 26, 2006 and after, and release them no later than July 3, 2006.			X						
5093.1.2.1	As soon as possible fiscal intermediaries shall hold PA claims, with discharge dates on or after April 26, 2006 and release them no later than October 2, 2006.	X								
5093.2	Effective for services on or after July 3, 2006, carriers shall release PA claims for processing.  <b>NOTE:</b> Any carrier whose system is ready to process these claims before July 3, 2006, may do so.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5093.2.1	Carriers shall pay interest if applicable.			X						
5093.2.2	Carriers shall pay for pancreas transplantation alone (PA) effective for services on or after April 26, 2006 when performed in those facilities that are Medicare-approved for kidney transplantation.  Approved facilities can be found at: <a href="http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage">http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage</a> .			X						
5093.2.3	Carriers shall deny claims when a pancreas transplant alone (HCPCS 48554) was performed in an unapproved facility.			X						
5093.2.4	Carriers shall use Medicare Summary Notice (MSN) - 16.2 (This service cannot be paid when provided in this location/facility) and Claim Adjustment Reason Code - 58 (Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service).			X						
5093.3	Carriers shall pay for pancreas transplantation alone for beneficiaries with a diagnosis of type I diabetes and who meet all the coverage criteria mentioned in Section I.B.			X						
5093.3.1	Carriers shall recognize the following ICD-9 CM codes for pancreas transplantation alone for beneficiaries with type I diabetes:  25001, 25003, 25011, 25013, 25021, 25023, 25031, 25033, 25041, 25043, 25051, 25053, 25061, 25063, 25071, 25073, 25081, 25083, 25091, and 25093.			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5093.3.1.1	Carriers shall make appropriate changes to claims processing systems to update these codes as necessary, based on future ICD-9 CM updates.			X						
5093.3.2	Carriers shall pay for a pancreas transplant alone when billed with a diagnosis listed in 5093.3.1 when billed with HCPCS 48554.			X						
5093.3.3	Carriers shall deny claims without one of the ICD-9 CM codes listed in 5093.3.1.			X						
5093.3.3.1	Carriers shall use MSN - 15.4 (The information provided does not support the need for this service or item) and Claim Adjustment Reason Code - 50 (These are non-covered services because this is not deemed a 'medical necessity' by the payer).			X						
5093.4	For denied PA claims, carriers shall assign provider liability unless the physician issues an Advanced Beneficiary Notice (ABN).			X						
5093.6	Carriers shall not search their files to either retract payment for claims already paid or to retroactively pay claims. However, contractors shall adjust claims brought to their attention.			X						
5093.7	FIs and FISS shall pay for PA claims once the FY 2007 Grouper software, version 24.0 is installed.	X				X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5093.8	<p>FIs and FISS shall pay for pancreas transplantation alone (PA) effective for services on or after April 26, 2006 when performed in those facilities that are Medicare-approved for kidney transplantation.</p> <p>Approved facilities can be found at:  <a href="http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage">http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage</a>.</p>	X				X				
5093.8.1	FIs and FISS shall reject claims when a pancreas transplant alone was performed in an unapproved facility.	X				X				
5093.8.2	FIs and FISS shall use Medicare Summary Notice (MSN) - 16.2 (This service cannot be paid when provided in this location/facility) and Claim Adjustment Reason Code - 58 (Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service).	X				X				
5093.9	FIs and FISS shall pay for pancreas transplantation alone for beneficiaries with a diagnosis of type I diabetes and who meet all the coverage criteria mentioned in Section I.B.	X				X				
5093.9.1	<p>For discharge dates on 11X Type of Bill that are on or after April 26, 2006, FIs and FISS shall recognize the following ICD-9 CM codes for pancreas transplantation alone for beneficiaries with type I diabetes:</p> <p>25001, 25003, 25011, 25013, 25021, 25023, 25031, 25033, 25041, 25043, 25051, 25053, 25061, 25063, 25071, 25073, 25081, 25083, 25091, and 25093.</p>	X				X				
5093.9.1.1	FIs and FISS shall make appropriate changes to claims processing systems to update these codes as necessary, based on future ICD-9 CM updates.	X				X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5093.9.2	FIs and FISS shall pay claims for a pancreas transplant alone when billed: <ul style="list-style-type: none"> <li>• By an approved provider, and</li> <li>• With a diagnosis listed in 5093.9.1, and</li> <li>• With one of the following ICD-9 CM procedure codes 5280 or 5282.</li> </ul>	X				X				
5093.9.3	FIs and FISS shall reject claims without one of the ICD-9 CM codes listed in 5093.9.1.	X				X				
5093.9.3.1	FIs and FISS shall use MSN - 15.4 (The information provided does not support the need for this service or item) and Claim Adjustment Reason Code - 50 (These are non-covered services because this is not deemed a 'medical necessity' by the payer).	X				X				
5093.10	For rejected PA claims, FIs and FISS shall assign provider liability unless the hospital issues a Hospital Issued Notice of Non-coverage (HINN).	X				X				
5093.11	Upon the installment of the FY 2007 Grouper software, version 24.0, FIs and FISS shall apply interest on any PA claims, with discharge dates on or after April 26, 2006, held due to the fact that they could not be correctly processed before the installation of the FY 2007 Grouper.	X				X				
5093.11.1	FIs and FISS shall append condition code 15 (Clean claims delayed) to any PA claims for which interest should be applied.	X				X				
5093.12	Contractors shall be advised and comply with updated changes related to pancreas transplants located in Publication 100-04, Chapter 3, Section 90.5.1.	X		X		X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
5093.13	Contractors shall note that any claims held are due to a CMS processing delay and shall not be subject to contractor performance evaluation for claims processing timeliness.	X		X					

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
5093.15	A provider education article related to this instruction will be available at: <a href="http://www.cms.hhs.gov/MLNMattersArticles">www.cms.hhs.gov/MLNMattersArticles</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X					

#### IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

##### A. Other Instructions: N/A

X-Ref Requirement #	Instructions

##### B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

##### C. Interfaces: N/A

##### D. Contractor Financial Reporting /Workload Impact: N/A

##### E. Dependencies: N/A

##### F. Testing Considerations: N/A

#### V. SCHEDULE, CONTACTS, AND FUNDING

<p><b>Effective Date*:</b> April 26, 2006</p> <p><b>Implementation Date:</b> No later than July 3, 2006 for carriers. October 2, 2006 for fiscal intermediaries.</p> <p><b>Pre-Implementation Contact(s):</b> Coverage: Susan Harrison at <a href="mailto:susan.harrison@cms.hhs.gov">susan.harrison@cms.hhs.gov</a> or 410-786-1806 Carrier: Yvette Cousar at <a href="mailto:Yvette.cousar@cms.hhs.gov">Yvette.cousar@cms.hhs.gov</a> or 410-786-2160 FI: Valeri Ritter at <a href="mailto:valeri.ritter@cms.hhs.gov">valeri.ritter@cms.hhs.gov</a> or 410-786-8652</p> <p><b>Post-Implementation Contact(s):</b> Regional office</p>	<p><b>No additional funding will be provided by CMS. Medicare contractors shall implement these instructions within their current 2006 operating budgets.</b></p>
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\*Unless otherwise specified, the effective date is the date of service.

# Medicare Claims Processing Manual

## Chapter 3 - Inpatient Hospital Billing

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### Table of Contents *(Rev.957, 05-19-06)*

90.5 - Pancreas Transplants *With Kidney Transplants*

*90.5.1 - Pancreas Transplants Alone (PA)*

**90.5 - Pancreas Transplants *With Kidney Transplants***  
*(Rev.957, Issued: 05-19-06, Effective: 04-26-06, Implementation: 07-03-06 Carriers/10-02-06 FIs)*

**A. Background**

Effective July 1, 1999, Medicare will cover pancreas transplantation when it is performed simultaneously with or following a kidney transplant (ICD-9-CM procedure code 55.69). 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.

Medicare has had a policy of not covering pancreas transplantation. The Office of Health Technology Assessment performed an assessment on pancreas-kidney transplantation in 1994. They found reasonable graft survival outcomes for patients receiving either simultaneous pancreas-kidney (SPK) transplantation or pancreas after kidney (PAK) transplantation.

**B. Billing for Pancreas Transplants**

There are no special provisions related to managed care participants. Managed care plans are required to provide all Medicare covered services. Medicare does not restrict which hospitals or physicians may perform pancreas transplantation.

The transplant procedure and revenue code 0360 for the operating room are paid under these codes. Procedures must be reported using the current ICD-9-CM procedure codes for pancreas and kidney transplants. Providers must place at least one of the following transplant procedure codes on the claim:

52.80 Transplant of pancreas

52.82 Homotransplant of pancreas

The Medicare Code Editor (MCE) has been updated to include 52.80 and 52.82 as covered procedures. (Effective October 1, 2000, ICD-9-CM code 52.83 was moved in the MCE to non-covered. The FI must override any deny edit on claims that came in with 52.82 prior to October 1, 2000 and adjust, as 52.82 is the correct code.)

If the discharge date is July 1, 1999, or later: the FI processes the bill through Grouper and Pricer.

Pancreas transplantation is reasonable and necessary for the following diagnosis codes. However, since this is not an all-inclusive list, the *contractor* is 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.
- 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

**NOTE:** X=0-3

- 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
<i>585.1 - 585.6, 585.9</i>	Chronic Renal Failure Code

**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 585.1 - 585.6, 585.9 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.

The provider uses 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 a kidney and pancreas transplants are performed simultaneously, the claim should contain a diabetes diagnosis code and a renal failure code or one of the hypertensive renal failure diagnosis codes. The claim should also contain two 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, the FI will search the beneficiary's claim history for a V-code.

***Pancreas Transplant HCPCS Code***

*Carriers shall ensure the following HCPCS code is present on the claim:*

- *48554 - Transplantation of pancreatic allograft*

**C. Drugs**

If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the inpatient stay for the pancreas transplant.

**D. Charges for Pancreas Acquisition Services**

A separate organ acquisition cost center has been established for pancreas transplantation. The Medicare cost report will include a separate line to account for

pancreas transplantation costs. The 42 CFR 412.2(e)(4) was changed to include pancreas in the list of organ acquisition costs that are paid on a reasonable cost basis.

Acquisition costs for pancreas transplantation as well as kidney transplants will occur in Revenue Center 081X. The FI overrides any claims that suspend due to repetition of revenue code 081X on the same claim if the patient had a simultaneous kidney/pancreas transplant. It pays for acquisition costs for both kidney and pancreas organs if transplants are performed simultaneously. It will not pay for more than two organ acquisitions on the same claim.

### **E. Medicare Summary Notices (MSN) and Remittance Advice Messages**

If the provider submits a claim for simultaneous pancreas kidney transplantation or pancreas transplantation following a kidney transplant, and omits one of the appropriate diagnosis/procedure codes, *the FI rejects and the carrier* denies the claim, using the following MSN:

- MSN 16.32, "Medicare does not pay separately for this service."
- Use the following Remittance Advice Message:
  - Claim adjustment reason code B15, "Claim/service denied/reduced because this procedure or service is not paid separately."
  - If a claim is denied because no evidence of a prior kidney transplant is presented, use the following MSN message:
    - MSN 15.4, "The information provided does not support the need for this service or item."

The *contractor* uses the following Remittance Advice Message:

- 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 *contractor* should also use new claim level remark code MA 126, "Pancreas transplant not covered unless kidney transplant performed."

### ***90.5.1 – Pancreas Transplants Alone (PA)***

***(Rev.957, Issued: 05-19-06, Effective: 04-26-06, Implementation: 07-03-06 Carriers/10-02-06 FIs)***

#### ***A. General***

*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. Medicare has had a long-standing policy of not covering pancreas transplantation, as the safety and effectiveness of the procedure had not been demonstrated. The Office of Health Technology Assessment performed an assessment of pancreas-kidney transplantation in 1994. It found reasonable graft survival outcomes for patients receiving either simultaneous pancreas-kidney transplantation or pancreas-after-kidney transplantation.*

### ***B. Nationally Covered Indications***

*CMS determines that whole organ pancreas transplantation will be nationally covered by Medicare when performed simultaneous with or after a kidney transplant. If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the inpatient stay for the pancreas transplant.*

### ***C. Billing and Claims Processing***

*Contractors shall pay for Pancreas Transplantation Alone (PA) effective for services on or after April 26, 2006 when performed in those facilities that are Medicare-approved for kidney transplantation. Approved facilities are located at the following address:*

*[http://www.cms.hhs.gov/ESRDGeneralInformation/02\\_Data.asp#TopOfPage](http://www.cms.hhs.gov/ESRDGeneralInformation/02_Data.asp#TopOfPage).*

*Carriers who receive claims for PA services that were performed in an unapproved facility, should deny such claims. Fiscal Intermediaries (FIs) who receive claims for PA services that were performed in an unapproved facility, should reject such claims. Both contractors should use the following messages upon the reject or denial:*

*Medicare Summary Notice MSN Message - MSN code 16.2 (This service cannot be paid when provided in this location/facility)*

*Remittance Advice Message - Claim Adjustment Reason Code 58 (Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service)*

*Payment will be made for a PA service performed in an approved facility, and for which meets the coverage guidelines mentioned above for beneficiaries with type I diabetes.*

### ***All-Inclusive List of Covered ICD-9 CM Diagnosis Codes for PA***

*(NOTE: "X" = 1 and 3 only)*

*250.0X     Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), not stated as uncontrolled.*

- 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*

***Procedure Codes***

*ICD-9 CM*

*52.80 - Transplant of pancreas*

*52.82 - Homotransplant of pancreas*

*Healthcare Common Procedural Coding System (HCPCS) code*

*48554 - Transplantation of pancreatic allograft*

*Carriers who receive claims for PA services that are not billed using the covered diagnosis/procedure codes listed above, should deny such claims. Fiscal Intermediaries (FIs) who receive claims for PA that are not billed using the covered diagnosis/procedure codes listed above should reject such claims. Both contractors should use the following messages upon the reject or denial:*

*Medicare Summary Notice MSN Message - MSN code 15.4* *(The information provided does not support the need for this service or item)*

*Remittance Advice Message - Claim Adjustment Reason Code 50* *(These are non-covered services because this is not deemed a 'medical necessity' by the payer).*

*Contractors shall hold the provider liable for denied\rejected claims unless the hospital issues a Hospital Issued Notice of Non-coverage (HINN) or a physician issues an Advanced Beneficiary Notice (ABN) for Part-B for physician services.*