Fecal Microbiota Transplantation (FMT)

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description
PHS considers fecal bacteriotherapy, including capsulized, frozen fecal microbiota transplantation, medically necessary for persons with *Clostridium difficile* infection with infection confirmed by a positive stool test for *C. difficile* toxin, that has recurred following at least 1 course of adequate antibiotic therapy (10 or more days of vancomycin at a dose of greater than or equal to 125 mg 4 times per day or 10 or more days of metronidazole at a dose of 500 mg 3 times per day).

*Clostridium difficile* infection (CDI) is increasing in incidence, severity, and mortality. Treatment options are limited and appear to be losing efficacy. Recurrent disease is especially challenging; extended treatment with oral vancomycin is becoming increasingly common but is expensive. One major reason for this growing problem is the emergence of newer, more virulent, and more antibiotic resistant strains. An alternative approach to treatment of recalcitrant CDI is to restore the damaged microbial intestinal communities by fecal transplantation, also known as fecal bacteriotherapy or fecal microbiota transplantation, is proving to be an effective alternative intervention. The donor is usually a healthy spouse whose stool is tested for infectious agents and if cleared is diluted with normal saline and given via NG tube, enema, or colonoscopy. The most effective method appears to be colonoscopy. The colonoscope is inserted up to the Cecum then the slurry stool mixed with normal saline and filtered) is injected into the colon as the scope is withdrawn. Symptom improvement can be noticed in as little as 24 hours and the treatment may have up to a 90% cure rate.

Coverage Determination
Prior Authorization is not required.

Presbyterian now uses Aetna criteria “Fecal Bacteriotherapy” #0844. This criteria may be accessed online at

http://www.aetna.com/cpb/medical/data/800_899/0844.html

Coding
The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.
Fecal Microbiota Transplantation (FMT)

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2018 CPT

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>44705</td>
<td>Preparation of fecal microbiota for instillation, including assessment of donor specimen</td>
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2018 HCPCS

<table>
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<tr>
<th>HCPCS Code</th>
<th>Code Description</th>
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<tr>
<td>G0455</td>
<td>Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen</td>
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2018 ICD-10

<table>
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<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>A04.71</td>
<td>Enterocolitis due to Clostridium difficile, recurrent</td>
</tr>
<tr>
<td>A04.72</td>
<td>Enterocolitis due to Clostridium difficile, not specified as recurrent</td>
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Reference


Approval Signatures

Clinical Quality Committee: Thomas Rothfeld MD
Medical Director: Norman White MD

Approval Date

January 24, 2018

Publication History

11-28-12 Original effective date
01-29-14 Presbyterian Policy Retired
01-29-14 Presbyterian now uses Aetna # 0844
01-24-18 Annual Review. Aetna policy 0844 accessed. Last updated 12/8/17. Considered experimental for all indications except recurrent C Diff infections that were treated with 10 days or more of Vancomycin or Metronidazole.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical
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directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: Click here for Medical Policies