

Fecal Bacteriotherapy

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Effective Date	10/2022
Next Review Date	10/2024
Coverage Policy	Medical 181
Version	2

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses the medical necessity of Fecal Bacteriotherapy.

Description & Definitions:

Fecal Bacteriotherapy is the transferring of healthy bacteria from donors' stool to a recipient's intestines to restore balance of bacteria needed for the immune system to fight infection.

Criteria:

Fecal bacteriotherapy is considered medically necessary for **All** of the following:

- Individual with recurrent/drug resistant Clostridium Difficile

Fecal Bacteriotherapy is considered not medically necessary for any use other than those indicated in clinical criteria, to include but not limited to:

- Alcoholic hepatitis
- Alzheimer's disease
- Autoimmune cholangiopathies (e.g., primary biliary cholangitis and primary sclerosing cholangitis)
- Colon cancer
- Crohn's disease
- D-lactic acidosis
- Diabetes
- Functional gastro-intestinal disorders (e.g., functional constipation, functional diarrhea, and functional dyspepsia)
- Gastro-intestinal dysbiosis
- Graft-versus-host disease of the gut
- Hepatic steatosis
- HIV infection
- Idiopathic thrombocytopenic purpura

- Inflammatory bowel diseases
- Irritable bowel syndrome
- Insulin resistance
- Intestinal multidrug-resistant bacterial decolonization
- Metabolic syndrome
- Multiple sclerosis
- Non-alcoholic fatty liver disease
- Obesity
- Parkinson's disease
- Pouchitis
- Slow transit constipation
- Ulcerative colitis
- Urinary tract infection

Coding:

Medically necessary with criteria:

Coding	Description
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen.

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

Reviewed Dates:

- 2023: October

Effective Date:

- October 2022

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Fecal Microbiota Transplant For Refractory Or Recurrent Clostridium Difficile Infection In Adults - ARCHIVED Sep 11, 2019. (n.d.). Retrieved Sept 21, 2023, from Hayes: <https://evidence.hayesinc.com/report/htb.fecalmicrobiota3500>

Fecal Transplant. (2023). Retrieved Sept 21, 2023, from Johns Hopkins: <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/fecal-transplant>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Fecal Bacteriotherapy, SHP Medical 181, Fecal transplant, Fecal microbiota transplant, FMT, fecal-bacteriotherapy, Fecal Microbiome Transplant, drug resistant Clostridium Difficile