

# **Fecal Bacteriotherapy**

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

# 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:

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Medically nece	essary 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 No	ot Medically Necessary:
Coding	Description

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).

2021 - ACG Clinical Guidelines: Prevention, Diagnosis, and Treatment of Clostridioides difficile Infections. (2021, June). Retrieved Sep 21, 2023, from American College of Gastroenterology (ACG): https://journals.lww.com/ajg/fulltext/2021/06000/acg\_clinical\_guidelines\_prevention,\_diagnosis,.12.aspx

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(2023). Retrieved Sept 21, 2023, from CMS: https://www.cms.gov/search/cms?keys=fecal%20microbiota%20&page=1 Medical 181 (2023). Retrieved Sept 2023, from DMAS: https://www.dmas.virginia.gov/

(2023). Retrieved Sept 21, 2023, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/no-search-results-found/

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: \*

This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

## Keywords:

SHP Fecal Bacteriotherapy, SHP Medical 181, Fecal transplant, Fecal microbiota transplant, FMT, fecalbacteriotherapy, Fecal Microbiome Transplant, drug resistant Clostridium Difficile