



## Fecal Microbiota Transplant

LOB(s): <input checked="" type="checkbox"/> Commercial  <input checked="" type="checkbox"/> Medicare  <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:  <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
---	--

## Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

## Background

**Fecal Microbiota Transplantation (FMT)** also known as stool transplant or fecal bacteriotherapy, involves the transfer of fecal material from a healthy donor to the intestinal tract of a recipient with the intent of restoring normal intestinal flora and function.

Clostridium difficile infection (CDI) is a serious and common bowel condition associated with hospital acquired infections and prolonged antibiotic use. Recurrent Clostridium difficile infection can lead to potentially prolonged severe complications, including chronic diarrhea and colitis. Fecal Microbiota Transplantation may be a treatment option for recurrent Clostridium difficile infection that has not responded to antibiotic treatment (oral vancomycin is the usual first line therapy).

## Criteria

### Commercial

#### Prior authorization is required

PacificSource considers fecal microbiota transplantation to be medically necessary for treatment of members with recurrent Clostridium Difficile infection when **ALL** of the following is met:

1. Positive Clostridium Difficile diagnostic testing

2. The member is age 18 years or older
3. A history of at least one prior Clostridium Difficile infection
4. Symptoms have persisted despite completion of at least two courses of antibiotics, one of which was vancomycin (unless member is allergic to or has a contraindication to vancomycin)
5. Treatment will be administered by upper or lower gastrointestinal infusion (i.e., colonoscopy, endoscopy, nasogastric tube, retention enema)
6. fecal microbiota transplantation donor stool testing must include multi drug resistant organisms (MDRO) testing to exclude use of stool that tests positive for MDRO

## Medicaid

PacificSource Community Solutions (PCS) follows Guideline Note 165 of the OHP Prioritized List of Health Services for coverage of Fecal Microbial Transplant.

## Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, internal policy guidelines and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

## Experimental/Investigational/Unproven

---

PacificSource considers Fecal Microbiota Transplant as experimental, investigational, or unproven for the following:

- Oral administration
- First-line therapy for Clostridium difficile infection
- All indications other than recurrent Clostridium Difficile infection (including, but not limited to Crohn's disease, inflammatory bowel diseases, Ulcerative colitis)

## Coding Information

---

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0780T Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract

44705 Preparation of fecal microbiota for instillation, including assessment of donor

44799 Unlisted Procedure, small intestine

G0455 Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

## References

---

Cammarota, G., Ianiro, G., & Gasbarrini, A. (2014). Fecal microbiota transplantation for the treatment of *Clostridium difficile* infection: a systematic review. *Journal of clinical gastroenterology*, 48(8), 693–702. <https://doi.org/10.1097/MCG.0000000000000046>

Gupta, S., Allen-Vercoe, E., & Petrof, E. O. (2016). Fecal microbiota transplantation: in perspective. *Therapeutic advances in gastroenterology*, 9(2), 229–239. <https://doi.org/10.1177/1756283X15607414>

Hui, W., Li, T., Liu, W., Zhou, C., & Gao, F. (2019). Fecal microbiota transplantation for treatment of recurrent *C. difficile* infection: An updated randomized controlled trial meta-analysis. *PloS one*, 14(1), e0210016. <https://doi.org/10.1371/journal.pone.0210016>

Kao, D., Roach, B., Silva, M., Beck, P., Rioux, K., Kaplan, G. G., Chang, H. J., Coward, S., Goodman, K. J., Xu, H., Madsen, K., Mason, A., Wong, G. K., Jovel, J., Patterson, J., & Louie, T. (2017). Effect of Oral Capsule- vs Colonoscopy-Delivered Fecal Microbiota Transplantation on Recurrent *Clostridium difficile* Infection: A Randomized Clinical Trial. *JAMA*, 318(20), 1985–1993. <https://doi.org/10.1001/jama.2017.17077>

Kao, D., Roach, B., Silva, M., Beck, P., Rioux, K., Kaplan, G. G., Chang, H. J., Coward, S., Goodman, K. J., Xu, H., Madsen, K., Mason, A., Wong, G. K., Jovel, J., Patterson, J., & Louie, T. (2017). Effect of Oral Capsule- vs Colonoscopy-Delivered Fecal Microbiota Transplantation on Recurrent *Clostridium difficile* Infection: A Randomized Clinical Trial. *JAMA*, 318(20), 1985–1993. <https://doi.org/10.1001/jama.2017.17077>

Rao, K., & Safdar, N. (2016). Fecal microbiota transplantation for the treatment of *Clostridium difficile* infection. *Journal of hospital medicine*, 11(1), 56–61. <https://doi.org/10.1002/jhm.2449>

## Appendix

---

**Policy Number:**

**Effective:** 5/1/2020

**Next review:** 3/1/2025

**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services

**Applicable regulation(s):**

**Commercial Ops:** 3/2024

**Government Ops:** 2/2024