Fecal Microbiota Transplantation
Policy Number: PG0222
Last Review: 08/08/2017

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
X Facility

DESCRIPTION
Fecal Microbiota Transplantation (FMT, also known as fecal bacteriotherapy, fecal transplant, fecal transfusion, and probiotic infusion) is the transplantation of fecal bacteria from a healthy donor into the gastrointestinal (GI) tract of an individual recipient for the treatment of recurrent Clostridium difficile (C. difficile) infection (CDI). CDI can result in mild diarrhea to life-threatening fulminant pseudomembranous colitis. It most often affects older adults and may occur as a result of antibiotic therapy which disrupts the normal bacterial flora in the GI tract. If the cessation of antibiotic therapy does not restore normal colonic flora, the introduction of healthy bacterial flora via FMT is suggested.

FMT is generally performed by a gastroenterologist. The procedure involves the instillation of a solution derived from a healthy donor’s fecal matter via a nasogastric tube, retention enema, or colonoscope. The clinical goal of FMT is to replenish the healthy gut microflora to reconstitute natural intestinal defenses against C. difficile.

POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Fecal Microbiota Transplantation (44705, G0455) does not require prior authorization.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
FMT may be considered medically necessary as a treatment for recurrent or relapsing Clostridium difficile infection (CDI) as indicated by a positive C. difficile toxin stool test and defined as one of the following:

- At least 3 episodes of mild to moderate CDI and failure of a 6-8 week taper with vancomycin with or without an alternative antibiotic (e.g., rifaximin, nitazoxanide)
- At least two episodes of severe CDI resulting in hospitalization and associated significant morbidity
- Moderate CDI not responding to standard therapy (vancomycin) for at least a week
- Severe fulminant C. difficile colitis with no response to standard therapy after 48 hours

FMT is experimental and investigational and therefore non-covered for all other indications including the following (not an all-inclusive list):

- Colon cancer
- Crohn’s disease
- Diabetes
- Functional gastro-intestinal disorders (e.g., irritable bowel syndrome, functional constipation, functional diarrhea, and functional dyspepsia)
- Graft-versus-host disease of the gut
- Hepatic steatosis
• Idiopathic thrombocytopenic purpura
• Inflammatory bowel diseases
• Insulin resistance
• Metabolic syndrome
• Multiple sclerosis
• Obesity
• Parkinson's disease
• Pouchitis
• Ulcerative colitis

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>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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<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0455</td>
<td>Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen</td>
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<tr>
<th>ICD-10-CM CODE</th>
<th>Description</th>
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<tr>
<td>A04.7</td>
<td>Enterocolitis due to Clostridium difficile</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 09/10/2013
03/13/13: TAWG determined FMT is an accepted way of treatment.
09/10/13: Policy created and approved by Medical Policy Steering Committee.
08/08/17: Removed ICD-9 codes. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee as revised.
12/16/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.