Fecal Bacteriotherapy for Treatment of Recurrent Clostridium Difficile Infection

Policy
The Medical Management Department reviews referral requests for authorization of fecal bacteriotherapy for the treatment of recurrent *Clostridium difficile* infection not responsive to standard antibiotic therapies.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure
A. Documentation Required:
   To facilitate the authorization process referral requests for fecal bacteriotherapy (FBT) must include the following:
   
   1. Documentation of initial diagnosis of CDI confirmed through stool testing.
   2. Documentation of recurrence of CDI, including detailed history of previous episodes of infection and courses of treatment.
   3. Documentation that care is being managed by a specialist in infectious disease or gastroenterology.

B. Criteria for Medical Necessity:
   Fecal Bacteriotherapy (FBT) is considered medically necessary for the treatment of recurrent *Clostridium Difficile* infection (CDI) if ALL the following criteria are met:
   
   1. Patient has diagnosis of CDI confirmed by positive stool testing; **AND**
   
   2. Patient has recurrent CDI, with three or more episodes of CDI and recurrent or persistent diarrhea despite antibiotic treatment for each CDI episode (Repeat testing for CDI is not necessary or recommended to prove treatment failure. Recurrence or persistence of diarrhea is indicative of treatment failure.), **AND**
   
   3. Patient is not currently on any other anti-infective therapy, except related to the CDI.

Note: Requests for repeat FBT treatment of recurrent CDI must be reviewed by the Medical Director.
C. Indications Considered Investigational or not of Medical Necessity: (Not an all-inclusive list)

1. FBT given as first line treatment for initial CDI.
2. FBT for indications other than recurrent CDI.

CPT/HCPCS Codes:

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<thead>
<tr>
<th>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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<tr>
<td>G0455</td>
<td>Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen</td>
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References:

