



MASSACHUSETTS

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Medical Policy Plugs for Anal Fistula Repair

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Policy Number: 528

BCBSA Reference Number: 7.01.123

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Biosynthetic fistula plugs, including plugs made of porcine small intestine submucosa or of synthetic material, are [INVESTIGATIONAL](#) for the repair of anal fistulas.

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO BlueSM	This is not a covered service.
Medicare PPO BlueSM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Codes

CPT codes:	Code Description
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])

Description

An anal fistula is an abnormal communication between the interior of the anal canal or rectum and the skin surface. Rarer forms may communicate with the vagina or other pelvic structures, including the bowel. Most fistulas begin as anorectal abscesses, which are thought to arise from infection in the glands around the anal canal. When the abscess opens spontaneously into the anal canal (or has been opened surgically), a fistula may occur. Studies have reported that 26% to 37% of cases of perianal abscesses eventually form anal fistulas.¹

Other causes of fistulas include tuberculosis, cancer, prior radiotherapy, and inflammatory bowel disease. Fistulas may occur singly or in multiples. Symptoms include a purulent discharge and drainage of pus and/or stool near the anus, which can irritate the outer tissues causing itching and discomfort. Pain occurs when fistulas become blocked and abscesses recur. Flatus may also escape from the fistulous tract.

The most widely used classification of anal fistulas is the Parks' classification system, which defines anal fistulas by their position relative to the anal sphincter as trans-sphincteric, intersphincteric, suprasphincteric, or extrasphincteric. More simply, anal fistulas are described as low (present distally and not extending up to the anorectal sling) or high (extending up to or beyond the anorectal sling). The repair of high fistulas can be associated with incontinence. Diagnosis may involve a fistula probe, anoscopy, fistulography, ultrasound, or magnetic resonance imaging.

Fistula Repair

Treatment is aimed at repairing the fistula without compromising continence.

Surgical treatments for anal fistulas include fistulotomy/ fistulectomy, endorectal/anal sliding flaps, ligation of the intersphincteric fistula tract (LIFT) technique, seton drain, and fibrin glue. Fistulotomy involves division of the tissue over the fistula and laying open of the fistula tract. Although fistulotomies are widely used for low fistulas, lay-open fistulotomies in high fistulas carries the risk of incontinence. A seton is a thread placed through the fistula tract for the purpose of draining fistula material and preventing the development of a perianal infection. Draining setons can control sepsis, but few patients heal after removal of the seton, and the procedure is poorly tolerated long-term. A "cutting seton" refers to the process of regular tightening of the seton to encourage gradual cutting of the sphincteric muscle with subsequent inflammation and fibrosis. Cutting setons can cause continence disturbances. Endorectal advancement flaps involve the advancement of a full or partial thickness flap of the proximal rectal wall over the internal (rectal) opening of the fistula tract. The LIFT technique involves identifying the intersphincteric plane and then dividing the fistula tract; its use has been reported in small studies, but long-term follow-up is unavailable.² Fibrin glue is a combination of fibrinogen, thrombin, and calcium in a matrix, which is injected into the fistula track. The glue induces clot formation within the tract, which is then closed through overgrowth of new tissue.

Fistula Plugs

Fistula plugs are designed to provide a structure that acts as a scaffold for new tissue growth. The scaffold, which can be derived from animal (eg, porcine) tissue or a synthetic copolymer fiber, is degraded by hydrolytic or enzymatic pathways as healing progresses. The plug is pulled through the

fistula tract and secured at the fistula’s proximal opening; the fistula tract is left open at the distal opening to allow drainage.

Summary

Anal fistula plugs (AFPs) are biosynthetic devices used to promote healing and prevent recurrence of anal fistulas. They are proposed as an alternative to procedures including fistulotomy, endorectal advancement flaps, seton drain placement, and use of fibrin glue in the treatment of anal fistulas.

The evidence for the use of AFP placement for the treatment of individuals with anal fistulas includes 2 randomized comparative trials (RCTs), a number of comparative and noncomparative nonrandomized studies, and systematic reviews of these studies. Relevant outcomes are symptoms, change in disease status, morbid events, functional outcomes, and treatment-related morbidity. The 2 available RCTs comparing AFP with surgical flap treatment reported disparate findings: one reported significantly higher rates of fistula reoccurrence with AFP; the other found similar rates of reoccurrence between AFP and surgical treatment. Systematic reviews of studies of AFP repair of anal fistulas demonstrate a wide range of success rates and heterogeneity in study results. The body of evidence consists of RCTs and nonrandomized studies that have conflicting results. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy History

Date	Action
1/2018	New references added from BCBSA National medical policy.
12/2016	New references added from BCBSA National medical policy.
11/2015	BCBSA National medical policy review. Policy statement changed to clarify that the policy refers to anal fistulas. Title of policy changed to “Plugs for Anal Fistula Repair.” 11/2015
10/2014	New references from BCBSA National medical policy.
12/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/1/2012	New policy, effective 01/01/2012, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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