Premier Health
Fecal Microbiota, live-jslm (Rebyota)

Patient Name _____ Date of Birth _____

Patient MRN# _____Patient's Allergies _____

Ordering Physician_____ Physician's Phone/Fax #_____/_____

Infusion Center Fax Numbers:

MVH Middletown: 513-974-5023	MVH North: 937-641-2378	MVH South: 937-641-2676
MVH Troy: 937-440-4503	MVH: 937-641-2547	MVH Greenville: 937-641-7205

PLEASE HAVE PATIENT BRING CURRENT MEDICATION LIST

Billing Codes:

J1440: Fecal microbiota, live-Jslm

0780T: Procedure code for "installation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract

****Providers should bill Rebyota (fecal microbiota, live-jslm (J1440) with fecal microbiota transplantation procedure (0780T) on the same claim, failure to do so will result in claim rejection****

Providers: Please enroll the patient in in the REBYOTA Connect Program at Rebyotaconnect.com prior to scheduling.

PHYSICIAN ORDERS:

- ☐ Fecal Microbiota, live-jslm (Rebyota) 150ml rectally once.

NURSING ORDERS:

- √ Admit patient to private room.
- √ Have bedside commode available in room.
- √ Prepare the patient for administration by requesting they empty their bladder and bowel , if possible, then place patient in the left-sided or knee chest position with a disposable underpad beneath the patient.
- √ Apply a water-soluble lubrication to the administration tube tip and gently insert the administration tube tip into the rectum about 5 inches in a direction pointed slightly toward the navel.
- √ Hold the administration tube in place with one hand for the entire procedure to maintain the tube position in the rectum. With the other hand, open the pinch clamp on the administration tube, and then gradually raise the bag to allow delivery via gravity flow. DO NOT allow the administration tube to sag or loop. DO NOT squeeze the bag to deliver the medication. DO NOT hang the bag from an IV pole.
- √ When the entire dose has been delivered, close the pinch clamp and then slowly withdraw the tube. Take care to prevent any residual medication remaining in the tube form leaking out. NOTE: some medication will remain in the tube after administration.
- √ Keep the patient in the left-sided or knee-chest position for up to 15 minutes to minimize any cramping that might occur. There are no restrictions on the patient's use of the restroom.

Ordering Provider's Signature: _____Date/Time:_____

For Completion by Prior Authorization Team

IF THE PATIENT HAS INSURANCE OTHER THAN MEDICARE OR TRADITIONAL OHIO MEDICAID PRECERTIFICATION IS REQUIRED.

PLEASE OBTAIN PRECERTIFICATION AND INCLUDE AUTHORIZATION BELOW:

Precertification
Authorization #:_____Date range: _____ # of infusions: _____

☐ No precertification necessary Name of person filling out this section: _____

If no precert required, list name of whom you spoke with at insurance company and on what date

Name: _____Company: _____Date: _____