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Fecal Analysis in Diagnosis of Intestinal Disorders Corporate Medical Policy

File Name: Fecal Analysis in Diagnosis of Intestinal Disorders
File Code: 2.04.VT26
Origination: 01/2016
Last Review: 02/2021
Next Review: 02/2022
Effective Date: 04/01/2021

Description/Summary

Intestinal dysbiosis may be defined as a state of disordered microbial ecology that is believed to cause disease. Laboratory analysis of fecal samples is proposed as a method of identifying individuals with intestinal dysbiosis and other gastrointestinal disorders.

For individuals who have suspected intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal bacterial overgrowth who receive fecal analysis testing, the evidence includes several cohort and case-control studies comparing fecal microbiota in patients who had a known disease with healthy controls. Relevant outcomes are test accuracy and validity, symptoms, and functional outcomes. The available retrospective cohort studies on fecal analysis have suggested that some components of the fecal microbiome and inflammatory markers may differ across patients with irritable bowel syndrome subtypes. No studies were identified on the diagnostic accuracy of fecal analysis vs another diagnostic approach or compared health outcomes in patients managed with and without fecal analysis tests. No studies were identified that directly informed on the use of fecal analysis in the evaluation of intestinal dysbiosis, malabsorption, or small intestinal bacterial overgrowth. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy

Coding Information

There are no specific procedure codes for fecal analysis and testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal overgrowth of bacteria.

The following CPT® codes may be used to identify individual components of fecal analysis of intestinal dysbiosis - Fecal analysis may also include other standard components such as stool culture(s):

Click the links below for attachments, coding tables & instructions.
Attachment I – CPT Coding Table
Attachment II - ICD-10 – CM Coding Table

When a service is considered investigational

All diagnoses are considered **investigational** for fecal analysis and testing for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal overgrowth of bacteria.

Fecal analysis of the following components is considered **investigational** as a diagnostic test.

Policy Guidelines

Fecal analysis of the following components is considered **investigational** as a diagnostic test for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal overgrowth of bacteria:

- Triglycerides
- Chymotrypsin
- Iso-butyrate, iso-valerate, and *n*-valerate
- Meat and vegetable fibers
- Long-chain fatty acids
- Cholesterol
- Total short-chain fatty acids
- Levels of Lactobacilli, bifidobacteria, and *E. coli* and other "potential pathogens," including *Aeromonas*, *B. cereus*, *Campylobacter*, *Citrobacter*, *Klebsiella*, *Proteus*, *Pseudomonas*, *Salmonella*, *Shigella*, *S. aureus*, and *Vibrio*
- Identification and quantitation of fecal yeast (including *Candidaalbicans*, *Candida tropicalis*, *Rhodotorula*, and *Geotrichum*)
- *N*-butyrate
- ß-glucuronidase
- pH
- Short-chain fatty acid distribution (adequate amount and proportions of the different short-chain fatty acids reflect the basic status of intestinal metabolism)
- Fecal secretory IgA

Reference Resources

1. Blue Cross and Blue Shield Association Medical Policy MPRM 02.04.26 Fecal Analysis in

the Diagnosis of Intestinal Dysbiosis Late updated December 2019. Reviewed 2/2021.

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services (ASO) only group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

01/2016	New Policy

02/2017	Policy updated with literature review through November 09, 2016; reference 2. Policy statement unchanged.
01/2019	Updated to reflect BCBS Association MPRM 02.04.26 language. Updated references. No changes to policy statement.
03/2020	Reference Reviewed and updated. No change to policy statement. Coding Table Added.
01/2021	Adaptive Maintenance: Code 83993 removed from table considered medically necessary.
02/2021	Reference Reviewed and updated. No change to policy statement.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

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Attachment I
CPT Coding Table

Code Type	Number	Description	Policy Instructions
The following codes will be considered as investigational			
CPT®	0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (Campylobacter [C. jejuni/C. coli/C. upsaliensis], Clostridium difficile [C. difficile] toxin A/B, Plesiomonas shigelloides, Salmonella, Vibrio [V. parahaemolyticus/V. vulnificus/V. cholerae], including specific identification of Vibrio cholerae, Yersinia enterocolitica, Enteroaggregative Escherichia coli [EAEC], Enteropathogenic Escherichia coli [EPEC], Enterotoxigenic Escherichia coli [ETEC] lt/st, Shiga-like toxin-producing Escherichia coli [STEC] stx1/stx2 [including specific identification of the E. coli O157 serogroup within STEC], Shigella/Enteroinvasive Escherichia coli [EIEC], Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia [also known as G. intestinalis and G. duodenalis], adenovirus F 40/41, astrovirus, norovirus GI/GII, rotavirus A, sapovirus [Genogroups I, II, IV, and V])	Refer to Diagnosis Table
CPT®	0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	Refer to Diagnosis Table
CPT®	82239	Bile acids; total	Refer to Diagnosis Table
CPT®	82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	Refer to Diagnosis Table

CPT®	82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	Refer to Diagnosis Table
CPT®	82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	Refer to Diagnosis Table
CPT®	82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	Refer to Diagnosis Table
CPT®	82710	Fat or lipids, feces; quantitative	Refer to Diagnosis Table
CPT®	82715	Fat differential, feces, quantitative	Refer to Diagnosis Table
CPT®	82725	Fatty acids, nonesterified	Refer to Diagnosis Table
CPT®	83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	Refer to Diagnosis Table
CPT®	83630	Lactoferrin, fecal; qualitative	Refer to Diagnosis Table
CPT®	83986	pH; body fluid, not otherwise specified	Refer to Diagnosis Table
CPT®	84311	Spectrophotometry, analyte not elsewhere specified	Refer to Diagnosis Table
CPT®	87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	Refer to Diagnosis Table
CPT®	87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	Refer to Diagnosis Table
CPT®	87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	Refer to Diagnosis Table
CPT®	87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	Refer to Diagnosis Table
CPT®	87177	Ova and parasites, direct smears, concentration and identification	Refer to Diagnosis Table
CPT®	87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	Refer to Diagnosis Table

CPT®	87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cryptosporidium	Refer to Diagnosis Table
CPT®	87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; giardia	Refer to Diagnosis Table
CPT®	87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispar group	Refer to Diagnosis Table
CPT®	89160	Meat fibers, feces	Refer to Diagnosis Table
CPT®	89240	Unlisted miscellaneous pathology test	Refer to Diagnosis Table

Attachment II
ICD-10 – CM Coding Table

The above CPT® codes will be denied as Investigational with the following diagnoses.		
A04.8	Other specified bacterial intestinal infections	Investigational
A04.9	Bacterial intestinal infection, unspecified	Investigational
K58.0	Irritable bowel syndrome with diarrhea	Investigational
K58.1	Irritable bowel syndrome with constipation	Investigational
K58.2	Mixed irritable bowel syndrome	Investigational
K58.8	Other irritable bowel syndrome	Investigational
K58.9	Irritable bowel syndrome without	Investigational

K59.8	Other specified functional intestinal disorders	Investigational
K63.9	Disease of intestine, unspecified	Investigational
K90.89	Other intestinal malabsorption	Investigational