



If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Diagnosis of Idiopathic Environmental Intolerance

Policy Number: CPCPLAB023

Version 1.0

Approval Date: April 12, 2023

Plan Effective Date: November 1, 2023

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. In all circumstances, laboratory tests designed to confirm the diagnosis of idiopathic environmental illness **are not reimbursable**.
2. In all circumstances, the screening of blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **are not reimbursable**

3. In all circumstances, profiling of phthalates and parabens using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
4. For asymptomatic individuals, profiling of chlorinated pesticides, including DDE and DDT, using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
5. In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, plasma, saliva, urine, and/or stool samples for carnitine sufficiency, oxidative stress and antioxidant sufficiency, detoxification adequacy, methylation sufficiency status, lipoic acid and CoQ10 sufficiency, and/or intestinal hyperpermeability **are not reimbursable**
6. In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, plasma, saliva, urine, and/or stool samples for vitamin sufficiency, mineral sufficiency, and/or nutritional analysis **are not reimbursable**
7. The use of a breath hydrogen and/or breath methane test **is not reimbursable** to assess or diagnose the following conditions:
 - a. Idiopathic environmental intolerance
 - b. Food allergies and sensitivities
 - c. Carbohydrate sensitivity or intolerance,
 - d. Bacterial overgrowth, including but not limited to, small intestinal bacterial overgrowth [SIBO]
 - e. Digestive disorders
 - f. Constipation, diarrhea, or flatulence
 - g. Neurological/neuromuscular disorders,
 - h. Rosacea
 - i. Obesity
 - j. As part of a wellness visit and/or general encounter without abnormal findings
8. In asymptomatic individuals and/or during general encounters without abnormal findings, testing blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool sample for metals, **are not reimbursable**.

Reimbursement Policy

1. For 83918 (Organic acids; total, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
2. For 83919 (Organic acids; qualitative, each specimen), a maximum of 1 unit per date of service is ALLOWED.
3. For 83921 (Organic acid, single, quantitative), a maximum of 2 units per date of service is ALLOWED.
4. For 82127 (Amino acids; single, qualitative, each specimen), a maximum of 1 unit per date of service is ALLOWED.
5. For 82136 (Amino acids, 2 to 5 amino acids, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
6. For 82139 (Amino acids, 6 or more amino acids, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
7. For 84585 (Vanillylmandelic acid (VMA), urine), a maximum of 1 unit per date of service is ALLOWED.
8. For 83150 (Homovanillic acid (HVA)), a maximum of 1 unit per date of service is ALLOWED.
9. For 83497 (Hydroxyindolacetic acid, 5-(HIAA)), a maximum of 1 unit per date of service is ALLOWED.

10. For 82656 (Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative), a maximum of 1 unit per date of service is ALLOWED.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82108, 82127, 82136, 82139, 82300, 82379, 82380, 82441, 82495, 82507, 82525, 82542, 82653, 82656, 82705, 82710, 82715, 82726, 82978, 83015, 83018, 83150, 83497, 83655, 83735, 83785, 83885, 83918, 83919, 83921, 84134, 84255, 84446, 84585, 84590, 84600, 84630, 84999, 86001, 86353, , 89125, 91065, S3708

References:

AAAAI. (1986). Clinical ecology. Executive Committee of the American Academy of Allergy and Immunology. *J Allergy Clin Immunol*, 78(2), 269-271.

AAAAI. (1999). Idiopathic environmental intolerances. American Academy of Allergy, Asthma and Immunology (AAAAI) Board of Directors. *J Allergy Clin Immunol*, 103(1 Pt 1), 36-40.

ACOEM. (1999). ACOEM position statement. Multiple chemical sensitivities: idiopathic environmental intolerance. College of Occupational and Environmental Medicine. *J Occup Environ Med*, 41(11), 940-942.

ACP. (1989). Clinical ecology. American College of Physicians. *Ann Intern Med*, 111(2), 168-178.

AMA. (1992). Clinical ecology. Council on Scientific Affairs, American Medical Association. *Jama*, 268(24), 3465-3467.

AND. (2017). *Should Albumin and Prealbumin Be Used as Indicators for Malnutrition?* [https://jandonline.org/article/S2212-2672\(17\)30444-6/pdf](https://jandonline.org/article/S2212-2672(17)30444-6/pdf)

ANSES. (2018). *OPINION of the French Agency for Food, Environmental and Occupational Health & Safety regarding the expert appraisal on “electromagnetic hypersensitivity (EHS) or idiopathic environmental intolerance attributed to electromagnetic fields (IEI-EMF)”*.

<https://www.anses.fr/en/system/files/AP2011SA0150EN.pdf>

Baker, J. R., Chey, W. D., Watts, L., Armstrong, M., Collins, K., Lee, A. A., Dupati, A., Menees, S., Saad, R. J., Harer, K., & Hasler, W. L. (2021). How the North American Consensus Protocol Affects the Performance of Glucose Breath Testing for Bacterial Overgrowth Versus a Traditional Method. *Am J Gastroenterol*, 116(4), 780-787. <https://doi.org/10.14309/ajg.0000000000001110>

Barsky, A. J., & Borus, J. F. (1999). Functional somatic syndromes. *Ann Intern Med*, 130(11), 910-921.

Bharadwaj, S., Ginoya, S., Tandon, P., Gohel, T. D., Guirguis, J., Vallabh, H., Jevann, A., & Hanouneh, I. (2016). Malnutrition: laboratory markers vs nutritional assessment. *Gastroenterol Rep (Oxf)*, 4(4), 272-280. <https://doi.org/10.1093/gastro/gow013>

Black, D., & Temple, S. (2021, May 29). *Idiopathic environmental intolerance (multiple chemical sensitivity)*. UptoDate. <https://www.uptodate.com/contents/idiopathic-environmental-intolerance-multiple-chemical-sensitivity>

Black, D. W., Carver, R. J., & Carver, L. A. (2020, July). *Idiopathic Environmental Intolerance (Multiple Chemical Sensitivity; Environmental Illness)*. Merck Sharp & Dohme Corp. <https://www.merckmanuals.com/professional/special-subjects/idiopathic-environmental-intolerance/idiopathic-environmental-intolerance>

Bratten, J. R., Spanier, J., & Jones, M. P. (2008). Lactulose breath testing does not discriminate patients with irritable bowel syndrome from healthy controls. *Am J Gastroenterol*, 103(4), 958-963. <https://doi.org/10.1111/j.1572-0241.2008.01785.x>

Bush, R. K., Portnoy, J. M., Saxon, A., Terr, A. I., & Wood, R. A. (2006). The medical effects of mold exposure. *J Allergy Clin Immunol*, 117(2), 326-333. <https://doi.org/10.1016/j.jaci.2005.12.001>

Bushyhead, D., & Quigley, E. M. M. (2022). Small Intestinal Bacterial Overgrowth- Pathophysiology and Its Implications for Definition and Management. *Gastroenterology*, 163(3), 593-607. <https://doi.org/10.1053/j.gastro.2022.04.002>

Eltiti, S., Wallace, D., Russo, R., & Fox, E. (2018). Symptom Presentation in Idiopathic Environmental Intolerance With Attribution to Electromagnetic Fields: Evidence for a Nocebo Effect Based on Data Re-Analyzed From Two Previous Provocation Studies. *Front Psychol*, 9, 1563. <https://doi.org/10.3389/fpsyg.2018.01563>

Genova. (2020). *Testing Services Overview*. <https://www.gdx.net/files/clinicians/how-to-order/Genova-Diagnostics-Testing-Services-Overview.pdf>

Genova. (2021a). *NutrEval® FMV*. Retrieved 1/5/21 from <https://www.gdx.net/product/nutreval-fmv-nutritional-test-blood-urine>

Genova. (2021b). *ONE (Optimal Nutritional Evaluation) FMV™*. Retrieved 1/5/21 from <https://www.gdx.net/product/one-fmv-nutritional-test-urine>

Genova. (2021c). *Organix® Comprehensive Profile - Urine*. Retrieved 1/5/21 from <https://www.gdx.net/product/organix-comprehensive-profile-metabolic-function-test-urine>

Genova. (2021d). *TRIAD® Bloodspot Profile*. Retrieved 1/5/21 from <https://www.gdx.net/product/triad-bloodspot-profile-metabolic-nutritional-test-blood-spot>

Ghoshal, U. C., Srivastava, D., Ghoshal, U., & Misra, A. (2014). Breath tests in the diagnosis of small intestinal bacterial overgrowth in patients with irritable bowel syndrome in comparison with quantitative upper gut aspirate culture. *Eur J Gastroenterol Hepatol*, 26(7), 753-760. <https://doi.org/10.1097/meg.000000000000122>

Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis. *J Gen Intern Med*, 22(11), 1596-1602. <https://doi.org/10.1007/s11606-007-0333-y>

Houston, M. C. (2013). The role of nutrition, nutraceuticals, vitamins, antioxidants, and minerals in the prevention and treatment of hypertension. *Altern Ther Health Med*, 19 Suppl 1, 32-49. <https://www.ncbi.nlm.nih.gov/pubmed/23981465>

Huang, P. C., Cheng, M. T., & Guo, H. R. (2018). Representative survey on idiopathic environmental intolerance attributed to electromagnetic fields in Taiwan and comparison with the international literature. *Environ Health*, 17(1), 5. <https://doi.org/10.1186/s12940-018-0351-8>

LifeExtension. (2020). *Nutrient Panel Blood Test*. <https://www.lifeextension.com/lab-testing/itemlc100024/nutrient-panel-blood-test>

Madigan, K. E., Bundy, R., & Weinberg, R. B. (2022). Distinctive Clinical Correlates of Small Intestinal Bacterial Overgrowth with Methanogens. *Clin Gastroenterol Hepatol*, 20(7), 1598-1605.e1592. <https://doi.org/10.1016/j.cgh.2021.09.035>

Martini, A., Iavicoli, S., & Corso, L. (2013). Multiple chemical sensitivity and the workplace: current position and need for an occupational health surveillance protocol. *Oxid Med Cell Longev*, 2013, 351457. <https://doi.org/10.1155/2013/351457>

Mayo Clinic. (2022, 01/06/2022). *Small intestinal bacterial overgrowth (SIBO)*. <https://www.mayoclinic.org/diseases-conditions/small-intestinal-bacterial-overgrowth/symptoms-causes/syc-20370168>

Mouzaki, M., Bronsky, J., Gupte, G., Hojsak, I., Jahnel, J., Pai, N., Quiros-Tejeira, R. E., Wieman, R., & Sundaram, S. (2019). Nutrition Support of Children With Chronic Liver Diseases: A Joint Position Paper of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *J Pediatr Gastroenterol Nutr*, 69(4), 498-511. <https://doi.org/10.1097/mpg.0000000000002443>

Multiple chemical sensitivity: a 1999 consensus. (1999). *Arch Environ Health*, 54(3), 147-149. <https://doi.org/10.1080/00039899909602251>

Pimentel, M. (2022, February 28). *Small intestinal bacterial overgrowth: Clinical manifestations and diagnosis*. <https://www.uptodate.com/contents/small-intestinal-bacterial-overgrowth-clinical-manifestations-and-diagnosis>

Pimentel, M., Saad, R. J., Long, M. D., & Rao, S. S. C. (2020). ACG Clinical Guideline: Small Intestinal Bacterial Overgrowth. *Am J Gastroenterol*, 115(2), 165-178. <https://doi.org/10.14309/ajg.0000000000000501>

Pitcher, C. K., Farmer, A. D., Haworth, J. J., Treadway, S., & Hobson, A. R. (2022). Performance and Interpretation of Hydrogen and Methane Breath Testing Impact of North American Consensus Guidelines. *Dig Dis Sci*. <https://doi.org/10.1007/s10620-022-07487-8>

Quarato, M., De Maria, L., Caputi, A., Cavone, D., Cannone, E. S. S., Mansi, F., Gatti, M. F., & Vimercati, L. (2020). A case report of idiopathic environmental intolerance: A controversial and current issue. *Clin Case Rep*, 8(1), 79-85. <https://doi.org/10.1002/ccr3.2535>

Rangan, V., Nee, J., & Lembo, A. J. (2022). Small Intestinal Bacterial Overgrowth Breath Testing in Gastroenterology: Clinical Utility and Pitfalls. *Clin Gastroenterol Hepatol*, 20(7), 1450-1453. <https://doi.org/10.1016/j.cgh.2022.02.031>

Rezaie, A., Buresi, M., Lembo, A., Lin, H., McCallum, R., Rao, S., Schmulson, M., Valdovinos, M., Zakko, S., & Pimentel, M. (2017). Hydrogen and Methane-Based Breath Testing in

Gastrointestinal Disorders: The North American Consensus. *Am J Gastroenterol*, 112(5), 775-784. <https://doi.org/10.1038/ajg.2017.46>

Rossi, S., & Pitidis, A. (2018). Multiple Chemical Sensitivity: Review of the State of the Art in Epidemiology, Diagnosis, and Future Perspectives. *J Occup Environ Med*, 60(2), 138-146. <https://doi.org/10.1097/jom.0000000000001215>

Schmiedchen, K., Driessen, S., & Oftedal, G. (2019). Methodological limitations in experimental studies on symptom development in individuals with idiopathic environmental intolerance attributed to electromagnetic fields (IEI-EMF) - a systematic review. *Environ Health*, 18(1), 88. <https://doi.org/10.1186/s12940-019-0519-x>

Speck, M. J., & Withhöft, M. (2022). Symptoms of Idiopathic Environmental Intolerance associated with chemicals (IEI-C) are positively associated with perceptual anomalies. *J Psychosom Res*, 157, 110808. <https://doi.org/10.1016/j.jpsychores.2022.110808>

SpectraCell. (2021). *Micronutrient Test Panel*. Retrieved 1/5/21 from <https://www.spectracell.com/micronutrient-test-panel>

SpectraCell. (2008). *SPECTROX™ (Total Antioxidant Function)*. https://assets.speakcdn.com/Assets/2606/0e2022931_supplement-spectrox.pdf

Usai-Satta, P., Giannetti, C., Oppia, F., & Cabras, F. (2018). The North American Consensus on Breath Testing: The Controversial Diagnostic Role of Lactulose in SIBO. *Am J Gastroenterol*, 113(3), 440. <https://doi.org/10.1038/ajg.2017.392>

Vibrant. (2017). *Micronutrients*. <https://www.vibrant-america.com/micronutrient/>

Policy Update History:

11/1/2022	New policy
8/15/2023	Document updated with literature review. Reimbursement information revised for clarity. References updated; some added, others removed.