



BlueCross BlueShield
of Oklahoma

If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Oklahoma 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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: Jan. 12, 2026

Plan Effective Date: May 1, 2026

Description

The Plan 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. For asymptomatic individuals and/or during general encounters without abnormal findings, the screening of blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **are not reimbursable**.
3. For asymptomatic individuals and/or during general encounters without abnormal findings, profiling of phthalates and parabens using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
4. For asymptomatic individuals and/or during general encounters without abnormal findings, profiling of chlorinated pesticides, including DDE and DDT, using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
5. For 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. For 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. Breath hydrogen and/or breath methane testing **is not reimbursable**
8. For asymptomatic individuals and/or during general encounters without abnormal findings, testing blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool samples for metals, **are not reimbursable**.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee that 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, 86001, 86353, 89125, 91065, S3708

References:

1. ACOEM. ACOEM position statement. Multiple chemical sensitivities: idiopathic environmental intolerance. College of Occupational and Environmental Medicine. *Journal of occupational and environmental medicine*. 1999;41(11):940-2.
2. AAAAI. Idiopathic environmental intolerances. American Academy of Allergy, Asthma and Immunology (AAAAI) Board of Directors. *The Journal of allergy and clinical immunology*. 1999;103(1 Pt 1):36-40.
3. Black D, Temple S. Idiopathic environmental intolerance (multiple chemical sensitivity). Updated June 20, 2025.
<https://www.uptodate.com/contents/idiopathic-environmental-intolerance-multiple-chemical-sensitivity>
4. Black DW, Carver RJ, Carver LA. Idiopathic Environmental Intolerance (Multiple Chemical Sensitivity; Environmental Illness). Merck Sharp & Dohme Corp. 2020.
<https://www.merckmanuals.com/professional/special-subjects/idiopathic-environmental-intolerance/idiopathic-environmental-intolerance>
5. Quarato M, De Maria L, Caputi A, et al. A case report of idiopathic environmental intolerance: A controversial and current issue. *Clin Case Rep*. 2020;8(1):79-85. doi:10.1002/ccr3.2535
6. Eltiti S, Wallace D, Russo R, Fox E. 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*. 2018;9:1563. doi:10.3389/fpsyg.2018.01563
7. Huang PC, Cheng MT, Guo HR. Representative survey on idiopathic environmental intolerance attributed to electromagnetic fields in Taiwan and comparison with the international literature. *Environ Health*. 2018;17(1):5. doi:10.1186/s12940-018-0351-8
8. ANSES. 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>
9. Schmiedchen K, Driessen S, Oftedal G. 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*. 2019;18(1):88. doi:10.1186/s12940-019-0519-x

10. Barsky AJ, Borus JF. Functional somatic syndromes. *Annals of internal medicine*. 1999;130(11):910-21.
11. Genova. Organix® Comprehensive Profile - Urine. <https://www.gdx.net/product/organix-comprehensive-profile-metabolic-function-test-urine>
12. Genova. NutrEval® FMV. <https://www.gdx.net/product/nutreval-fmv-nutritional-test-blood-urine>
13. Genova. Testing Services Overview. <https://www.gdx.net/files/clinicians/how-to-order/Genova-Diagnostics-Testing-Services-Overview.pdf>
14. Hammer HM, Högenauer CM. Lactose intolerance and malabsorption: Clinical manifestations, diagnosis, and management. Updated October 1, 2024. <https://www.uptodate.com/contents/lactose-intolerance-and-malabsorption-clinical-manifestations-diagnosis-and-management>
15. Rossi S, Pitidis A. Multiple Chemical Sensitivity: Review of the State of the Art in Epidemiology, Diagnosis, and Future Perspectives. *Journal of occupational and environmental medicine*. 2018;60(2):138-146. doi:10.1097/jom.0000000000001215
16. Gilbody S, Richards D, Brealey S, Hewitt C. Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis. *Journal of general internal medicine*. 2007;22(11):1596-602. doi:10.1007/s11606-007-0333-y
17. SpectaCell. Micronutrient Test Panel. <https://www.spectracell.com/micronutrient-test-panel>
18. SpectraCell. SPECTROX™ (Total Antioxidant Function). https://assets.speakcdn.com/Assets/2606/0e2022931_supplement-spectrox.pdf
19. Genova. ONE (Optimal Nutritional Evaluation) FMV™. <https://www.gdx.net/product/one-fmv-nutritional-test-urine>
20. LifeExtension. Nutrient Panel Blood Test. <https://www.lifeextension.com/lab-testing/itemlc100024/nutrient-panel-blood-test>
21. Vibrant. Micronutrient Panel. <https://vibrant-wellness.com/tests/nutrients/micronutrient-panel>
22. Houston MC. The role of nutrition, nutraceuticals, vitamins, antioxidants, and minerals in the prevention and treatment of hypertension. *Altern Ther Health Med*. 2013;19 Suppl 1:32-49.
23. Bharadwaj S, Ginoya S, Tandon P, et al. Malnutrition: laboratory markers vs nutritional assessment. *Gastroenterol Rep (Oxf)*. 2016;4(4):272-280. doi:10.1093/gastro/gow013
24. AND. 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)
25. Pimentel M. Small intestinal bacterial overgrowth: Clinical manifestations and diagnosis. Updated July 3, 2025. <https://www.uptodate.com/contents/small-intestinal-bacterial-overgrowth-clinical-manifestations-and-diagnosis>
26. Rezaie A, Buresi M, Lembo A, et al. Hydrogen and Methane-Based Breath Testing in Gastrointestinal Disorders: The North American Consensus. *Am J Gastroenterol*. 2017;112(5):775-784. doi:10.1038/ajg.2017.46
27. De Geyter C, Van de Maele K, Hauser B, Vandenplas Y. Hydrogen and Methane Breath Test in the Diagnosis of Lactose Intolerance. *Nutrients*. 2021;13(9)doi:10.3390/nu13093261

28. Geyter C, Maele K, Hauser B, Vandenplas Y. Hydrogen and Methane Breath Test in the Diagnosis of Lactose Intolerance. 2021;
29. Bratten JR, Spanier J, Jones MP. Lactulose breath testing does not discriminate patients with irritable bowel syndrome from healthy controls. *Am J Gastroenterol*. 2008;103(4):958-63. doi:10.1111/j.1572-0241.2008.01785.x
30. Ghoshal UC, Srivastava D, Ghoshal U, Misra A. 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*. 2014;26(7):753-60. doi:10.1097/meg.0000000000000122
31. Speck MJ, Witthöft M. Symptoms of Idiopathic Environmental Intolerance associated with chemicals (IEI-C) are positively associated with perceptual anomalies. *J Psychosom Res*. 2022;157:110808. doi:10.1016/j.jpsychores.2022.110808
32. Madigan KE, Bundy R, Weinberg RB. Distinctive Clinical Correlates of Small Intestinal Bacterial Overgrowth with Methanogens. *Clin Gastroenterol Hepatol*. 2022;20(7):1598-1605.e2. doi:10.1016/j.cgh.2021.09.035
33. Rangan V, Nee J, Lembo AJ. Small Intestinal Bacterial Overgrowth Breath Testing in Gastroenterology: Clinical Utility and Pitfalls. *Clin Gastroenterol Hepatol*. 2022;20(7):1450-1453. doi:10.1016/j.cgh.2022.02.031
34. Bushyhead D, Quigley EMM. Small Intestinal Bacterial Overgrowth- Pathophysiology and Its Implications for Definition and Management. *Gastroenterology*. 2022;163(3):593-607. doi:10.1053/j.gastro.2022.04.002
35. Usai-Satta P, Oppia F, Lai M, Cabras F. Hydrogen Breath Tests: Are They Really Useful in the Nutritional Management of Digestive Disease? *Nutrients*. 2021;13(3)doi:10.3390/nu13030974
36. Coble YD, Estes EH, Head CA, et al. Clinical Ecology: Council on Scientific Affairs, American Medical Association. *JAMA*. 1992;268:3465-3467. doi:10.1001/jama.1992.03490240073040
37. ACP. Clinical ecology. American College of Physicians. *Annals of internal medicine*. 1989;111(2):168-78.
38. Anderson JA, Chai H, Claman HN, et al. Clinical ecology: Approved by the executive committee of the American academy of allergy and immunology. *Journal of Allergy and Clinical Immunology*. 1986;78(2):269-271. doi:10.1016/S0091-6749(86)80072-0
39. Bush RK, Portnoy JM, Saxon A, Terr AI, Wood RA. The medical effects of mold exposure. *The Journal of allergy and clinical immunology*. 2006;117(2):326-33. doi:10.1016/j.jaci.2005.12.001
40. Multiple chemical sensitivity: a 1999 consensus. *Archives of environmental health*. 1999;54(3):147-9. doi:10.1080/00039899909602251
41. Martini A, Iavicoli S, Corso L. Multiple chemical sensitivity and the workplace: current position and need for an occupational health surveillance protocol. *Oxidative medicine and cellular longevity*. 2013;2013:351457. doi:10.1155/2013/351457
42. Mouzaki M, Bronsky J, Gupte G, et al. 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*. 2019;69(4):498-511. doi:10.1097/mpg.0000000000002443

43. WHO. Micronutrient intake in children with severe acute malnutrition. *World Health Organization*. 2024;
44. Usai-Satta P, Giannetti C, Oppia F, Cabras F. The North American Consensus on Breath Testing: The Controversial Diagnostic Role of Lactulose in SIBO. *Am J Gastroenterol*. 2018;113(3):440. doi:10.1038/ajg.2017.392
45. Baker JR, Chey WD, Watts L, et al. How the North American Consensus Protocol Affects the Performance of Glucose Breath Testing for Bacterial Overgrowth Versus a Traditional Method. *Am J Gastroenterol*. 2021;116(4):780-787. doi:10.14309/ajg.0000000000001110
46. Pitcher CK, Farmer AD, Haworth JJ, Treadway S, Hobson AR. Performance and Interpretation of Hydrogen and Methane Breath Testing Impact of North American Consensus Guidelines. *Dig Dis Sci*. 2022;doi:10.1007/s10620-022-07487-8
47. Pimentel M, Saad RJ, Long MD, Rao SSC. ACG Clinical Guideline: Small Intestinal Bacterial Overgrowth. *Am J Gastroenterol*. 2020;115(2):165-178. doi:10.14309/ajg.0000000000000501
48. AFP. Lactose Intolerance. <https://www.aafp.org/pubs/afp/issues/2002/0501/p1845.html>

Policy Update History:

Approval Date	Effective Date; Summary of Revisions
01/12/2026	05/01/2026; Document updated with literature review. The following changes were made to Reimbursement Information for clarity and consistency in language: #2 and #3, replaced "In all circumstances" with "For asymptomatic individuals and/or during general encounters without abnormal findings,". #4, #5, #6, #8 edited for consistency. #7 edited for clarity as breath hydrogen/methane testing is not reimbursable under any circumstances. Now reads: "7) Breath hydrogen and/or breath methane testing is not reimbursable." Removed the Reimbursement Policy section. References revised.
01/23/2025	04/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.
04/29/2024	01/15/2025; Document updated with literature review. Reimbursement information unchanged. Removed code 84999. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. References updated; some added, others removed.
11/1/2022	11/01/2022: New policy