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.

Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing

Policy Number: CPCPLAB025

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: March 1, 2024

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. Prior to feal microbiota transplant (FMT), fecal analysis by culture for the following microorganisms **may be reimbursable**:
    a. Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae*
    b. Vancomycin-resistant *Enterococci* (VRE)
    c. Carbapenem-resistant *Enterobacteriaceae* (CRE)
    d. Methicillin-resistant *Staphylococcus aureus* (MRSA)
    e. Campylobacter
    f. Shigella
    g. Salmonella

2. Prior to fecal microbiota transplant (FMT), fecal analysis for the following microogranisms by nucleic acid amplification testing (NAAT) **may be reimbursable**.
    a. Clostridium Difficile;
    b. Campylobacter;
    c. Salmonella;
    d. Shigella;
    e. Shiga toxin-producing *Escherichia coli;*
    f. Norovirus;
    g. Rotavirus;
    h. COVID-19 (SARS-CoV-2).

3. Prior to fecal microbiota transplant (FMT), fecal analysis for the following microorganisms by nucleic acid amplification testing (NAAT) **is not reimbursable:**
    a. Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae;*
    b. Vancomycin-resistant *Enterococci* (VRE);
    c. Carbapenem-resistant *Enterobacteriaceae* (CRE);
    d. Methicillin-resistant *Staphylococcus aureus* (MRSA);
    e. Any other microorganisms not listed above.

4. As a diagnostic test for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria, fecal analysis of the following components **is not reimbursable**:
    a. Triglycerides;
    b. Chymotrypsin;
    c. Iso-butyrate, iso-valerate, and n-valerate;
    d. Meat and vegetable fibers;
    e. Long chain fatty acids;
    f. Cholesterol;
    g. Total short chain fatty acids;
    h. Levels of *Lactobacilli*, bifidobacteria, and *E. coli* and other "potential pathogens," including *Aeromona, Bacillus cereus, Campylobacter, Citrobacter, Klebsiella, Proteus, Pseudomonas, Salmonella, Shigella, S. aureus, Vibrio;*
    i. Identification and quantitation of fecal yeast (including *C. albicans, C. tropicalis, Rhodoptorul and Geotrichum*);
    j. N-butyrate;
    k. Beta-glucoronidase;
    l. pH;

m. Short chain fatty acid distribution (adequate amount and proportions of the different short chain fatty acids reflect the basic status of intestinal metabolism);
n. Fecal secretory IgA.

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
82239, 82542, 82705, 82710, 82715, 82725, 82784, 83520, 83630, 83986, 84311, 87045, 87046, 87075, 87102, 87177, 87209, 87328, 87329, 87336, 87493, 87500, 87641, 87798, 89160, S3708

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Policy Update History:

Effective Date	Summary of Change
03/01/2024	Document updated with literature review. Reimbursement Information revised for clarity. Added codes 82239, 82725, 82784, 83520, 83630, 87177, 87209, 87328, 87329, 87336; and removed codes 87076, 87077, 87081, 87106. References revised.
11/1/2023	Document updated with literature review. Reimbursement information unchanged. References revised.
11/1/2022	New policy