BlueCross BlueShield of Texas

CLINICAL PAYMENT AND CODING POLICY

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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

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

3. Fecal analysis by nucleic acid amplification testing (NAAT) prior to fecal microbiota transplant (FMT) for the following microorganisms **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. Fecal analysis of the following components **is not reimbursable** as a diagnostic test for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption, or small intestinal overgrowth of bacteria:
    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

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

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Policy Update History:

5/1/2022	New policy