

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 Texas 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 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.

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

Policy Number: CPCPLAB025

Version 1.0

Approval Date: Sept. 26, 2025

Plan Effective Date: Jan. 3, 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. Prior to donation for a fecal microbiota transplant (FMT), analysis by bacterial culture of the donor fecal sample 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 donation for an FMT, analysis by nucleic acid amplification testing (NAAT) of the donor fecal sample for the following microorganisms **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 donation for an FMT, analysis by NAAT of the donor fecal sample 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. 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. Quantification 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*, *Rhodotorul* and *Geotrichum*);
- j. N-butyrate;
- k. Beta-glucuronidase;
- 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
82542, 82705, 82710, 82715, 83986, 84311, 87045, 87046, 87075, 87076, 87077, 87081, 87102, 87106, 87493, 87500, 87641, 87798, 89160, S3708

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Policy Update History:

Approval Date	Effective Date; Summary of Changes
09/26/2025	01/03/2026; Document updated with literature review. Reimbursement Information unchanged. References revised.
02/05/2025	05/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Edited #1, #2, #3 to clarify that fecal microbiota transplantation testing is on the sample coming from the donor. #4.h edited for clarity. Added codes 87076, 87077, 87081, 87106; removed codes 82239, 82725, 82784, 83520, 83630, 87177, 87209, 87328, 87329, 87336. References revised.
09/13/2024	01/01/2025: New policy.