Medical Policy

Intracellular Micronutrient Analysis

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 073
BCBSA Reference Number: 2.04.73
NCD/LCD: N/A

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Intracellular micronutrient panel testing is INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
</tr>
</tbody>
</table>

CPT Codes / HCPCS Codes / ICD-9 Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no specific CPT code for this service.

ICD-9 Diagnosis Codes
Investigational for all diagnoses.

Description
“Micronutrients” is a collective term used to describe essential vitamins and minerals. Adequate intake of micronutrients is important to the maintenance of health. Some examples of micronutrients include vitamins, antioxidants, minerals, amino acids, carbohydrates and essential ions.

Laboratory tests are available for individual micronutrients and are generally used to confirm suspected micronutrient deficiencies. Potential uses of this testing include screening for nutritional deficiencies in healthy individuals or those with chronic disease and aiding in the diagnosis of disease in patients with generalized symptoms. This policy addresses a novel laboratory test that measures the intracellular levels of micronutrients, known as intracellular micronutrient analysis (also called micronutrient testing and functional intracellular analysis.)

Intracellular micronutrient analysis requires a blood sample from the patient, which is sent to a laboratory where the lymphocytes are isolated and grown in a series of culture media. Cell growth is stimulated in each control medium containing optimal amounts of a specific micronutrient. As each micronutrient is removed from the media, the cells must use their own internal reserves or metabolic processes to grow sufficiently on their own. The cells’ response to these varying conditions is believed to reveal possible micronutrient deficiencies.

Summary
No studies were identified that evaluated the accuracy or clinical utility of intracellular micronutrient testing compared to standard testing for vitamin or mineral levels. In addition, no controlled studies were identified that evaluated the health impact of any potential clinical application of intracellular micronutrient testing including diagnosing patients with generalized symptoms or screening individuals for nutrient deficiencies. Limited data are available on correlations between serum and intracellular micronutrient levels. Thus, due to the lack of evidence that intracellular micronutrient testing improves the net health outcome, the technology is considered investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2012</td>
<td>New policy, effective 7/1/2012, describing ongoing non-coverage.</td>
</tr>
</tbody>
</table>

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines
References