Medical Policy

Fecal Analysis in the Diagnosis of Intestinal Dysbiosis

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Policy Number: 556
BCBSA Reference Number: 2.04.26

Related Policies
- Diagnosis and Management of Idiopathic Environmental Intolerance (i.e., Clinical Ecology), #264
- Fecal Calprotectin, #329

Policy

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

Fecal analysis of the following components used as a diagnostic test for the evaluation of intestinal dysbiosis, irritable bowel syndrome, malabsorption or small intestinal overgrowth of bacteria is INVESTIGATIONAL:

- Triglycerides
- Chymotrypsin
- Iso-butyrates, iso-valerate, and n-valerate
- Meat and vegetable fibers
- Long-chain fatty acids
- Cholesterol
- Total short-chain fatty acids
- Levels of Lactobacilli, bifidobacteria, and E coli and other “potential pathogens,” including Aeromonas, Bacillus cereus, Campylobacter, Citrobacter, Klebsiella, Proteus, Pseudomonas, Salmonella Shigella, S. aureus, Vibrio
- Identification and quantitation of fecal yeast (including C. albicans, C. tropicalis, Rhodotorula, and Geotrichum)
- N-butyrate
- Beta-glucoronidase
- pH
- Short-chain fatty acid distribution (adequate amount and proportions of the different short-chain fatty acids reflect the basic status of intestinal metabolism)
- Fecal secretory IgA.
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.

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CPT Codes / HCPCS Codes / ICD Codes
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
Intestinal dysbiosis may be defined as a state of disordered microbial ecology based on the assumption that patterns of intestinal flora, specifically overgrowth of some microorganisms found commonly in intestinal flora, have an impact on human health.

Symptoms and conditions attributed to dysbiosis include chronic intestinal disorders including irritable bowel syndrome, inflammatory or autoimmune disorders, food allergies, atopic eczema, unexplained fatigue, arthritis and ankylosing spondylitis, malnutrition, or neuropsychiatric symptoms (including autism), and breast and colon cancer. Laboratory analysis of fecal samples is proposed as a method of identifying individuals with intestinal dysbiosis based on four identified patterns of dysfunction: putrefaction, fermentation, deficiency and Sensitization.

An example of a reference laboratory specializing in the evaluation of intestinal dysbiosis for testing of various aspects of digestion, absorption, microbiology, and metabolic markers is Genova Diagnostics. All tests for intestinal dysbiosis are considered investigational regardless of the commercial name, the manufacturer or FDA approval.

Summary
There is no evidence that fecal analysis to identify intestinal dysbiosis improves the net health outcome in patients with gastrointestinal tract symptoms. Moreover, there is insufficient evidence that fecal analysis aids in the diagnosis or management of patients with IBS, malabsorption, or small intestine bacterial overgrowth.

Policy History
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<td>1/2017</td>
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<td>3/2015</td>
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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