



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

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AHS – G2060

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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Intestinal dysbiosis is defined as a disruption or imbalance of the intestinal microbial ecology. Dysbiosis is associated with many diseases, including irritable bowel syndrome (IBS), inflammatory bowel diseases (IBD), celiac disease, multiple sclerosis, Sjogren's Syndrome, obesity, allergy, and diabetes.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Prior to donation for a fecal microbiota transplant (FMT), analysis by bacterial culture of the donor fecal sample for the following microorganisms **may be reimbursed** :

- Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae*
- Vancomycin-resistant *Enterococci*(VRE)
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- *Campylobacter*
- *Shigella*
- *Salmonella*

Prior to donation for an FMT, analysis by nucleic acid amplification testing (NAAT) of the donor fecal sample for the following microorganisms **may be reimbursed**:

- *Clostridium difficile*
- *Campylobacter*
- *Salmonella*
- *Shigella*
- Shiga toxin-producing *Escherichia coli*
- Norovirus
- Rotavirus
- COVID-19 (SARS-CoV-2)

Prior to donation for an FMT, analysis by NAAT of the donor fecal sample for the following microorganisms **may not be reimbursed**:

- Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae*
- Vancomycin-resistant *Enterococci*(VRE)
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Any other microorganisms not listed above

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness

Fecal analysis **may not be reimbursed** 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:

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- Triglycerides
- Chymotrypsin
- Iso-butyrate, iso-valerate, and n-valerate
- Meat and vegetable fibers
- Long chain fatty acids
- Cholesterol
- Total short chain fatty acids
- 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
- For the identification and quantitation of fecal yeast (including C. albicans, C. tropicalis, Rhodoptorul 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

Coding	
CPT	Code Description
82542	Column chromatography includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
82705	Fat or lipids, feces; qualitative
82710	Fat or lipids, feces; quantitative
82715	Fat differential, feces, quantitative
83986	pH: body fluid, not otherwise specified
84311	Spectrophotometry, analyte not elsewhere specified
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)

87106	Culture, fungi, definitive identification, each organism; yeast
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism
89160	Meat fibers, feces
S3708	Gastrointestinal fat absorption study

References and Resources

Avalon Medical Policy AHS – G2060 – Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing

Related Documents

Avalon Medical Policy AHS - G2056 Diagnosis of Idiopathic Environmental Intolerance

Avalon Medical Policy AHS – G2121 Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4 th Quarter updates