



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. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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.

Diagnosis of Idiopathic Environmental Intolerance

Policy Number: CPCPLAB023

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSNM 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. Laboratory tests designed to affirm the diagnosis of idiopathic environmental illness **are not reimbursable**.
2. Screening blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **are not reimbursable** in all circumstances including but not limited to the following compounds:

- a. 2-methylhippurate
 - b. 2-methylpentane
 - c. 3-methylpentane
 - d. 3,4-dihydroxyphenylpropionate
 - e. 4-nonylphenol
 - f. alpha-keto-beta-methylvalerate
 - g. alpha-ketoisovalerate
 - h. arabinitol
 - i. atrazine or atrazine mercapturate
 - j. benzene
 - k. benzoate
 - l. bisphenol A (BPA)
 - m. diethyldithiophosphate (DEDTP), diethylthiophosphate (DETP), dimethyldithiophosphate (DMDTP), dimethylthiophosphate (DMTP)
 - n. ethylbenzene
 - o. hexane
 - p. Hippurate
 - q. Indican
 - r. Picolinate
 - s. Polychlorinated biphenyls (PCBs)
 - t. Quinolate
 - u. Styrene
 - v. Taurine
 - w. Toluene
 - x. Triclosan
 - y. Xylene
3. Phthalates and parabens profiling using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
 4. Chlorinated pesticides, including DDE and DDT, profiling in asymptomatic patients using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.
 5. Testing blood, serum, plasma, saliva, urine, and/or stool samples for carnitine sufficiency, oxidative stress and antioxidant sufficiency, detoxification adequacy, methylation sufficiency status, lipoic acid and CoQ10 sufficiency, and/or intestinal hyperpermeability **are not reimbursable** in asymptomatic individuals and/or during general encounters. These tests include, but are not limited to, the following:
 - a. Amino acid testing except for newborn screening and for documented metabolic disorders
 - b. Carotene/beta-carotene
 - c. Citrate
 - d. Vanillylmandelic acid (VMA) testing except for use in diagnosis of neuroblastoma or neuroendocrine tumors or for monitoring effectiveness of treatment of cancer
 - e. Homovanillic acid (HVA) testing except for use in diagnosis and evaluating neuroblastomas
 - f. 5-hydroxyindolacetic acid (5-HIAA) testing except for use in diagnosis and evaluating carcinoid syndrome or for staging, treatment, and surveillance of suspected neuroendocrine tumors
 - g. Elastase except for pancreatic insufficiency
 - h. Fat differentiation testing, qualitative and quantitative

- i. CoQ10
6. Testing blood, serum, plasma, saliva, urine, and/or stool samples for vitamin sufficiency, mineral sufficiency, and/or nutritional analysis **are not reimbursable** in asymptomatic individuals and/or during general encounters without abnormal findings. These tests include, but are not limited to, the following:
- a. Amino acid testing except for newborn screenings or for documented metabolic disorders
 - b. Allergen-specific IgG testing for screening food sensitivities, vitamin sufficiency, or mineral sufficiency
 - c. Carotene/beta-carotene
 - d. Citrate
 - e. Vanillylmandelic acid (VMA) testing except for use in diagnosis of neuroblastoma or neuroendocrine tumors or for monitoring effectiveness of treatment of cancer
 - f. Homovanillic acid (HVA) testing except for use in diagnosis and evaluating neuroblastomas
 - g. 5-hydroxyindolacetic acid (5-HIAA) testing except for use in diagnosis and evaluating carcinoid syndrome or for staging, treatment, and surveillance of suspected neuroendocrine tumors
 - h. Lipid peroxides
 - i. Behenic acid
 - j. Lignoceric acid
 - k. Fat differentiation testing, qualitative and quantitative
 - l. Prealbumin
7. The use of a breath hydrogen and/or breath methane test **is not reimbursable** for all indications, including but not limited to:
- a. Idiopathic environmental intolerance
 - b. Food allergies and sensitivities
 - c. Carbohydrate sensitivity or intolerance, including but not limited to, lactose sensitivity, lactose intolerance, and/or lactase deficiency
 - d. Bacterial overgrowth, including but not limited to, small intestinal bacterial overgrowth [SIBO]
 - e. Digestive disorders
 - f. Constipation, diarrhea, or flatulence
 - g. Neurological/neuromuscular disorders, including but not limited to, Parkinson disease and fibromyalgia
 - h. Rosacea
 - i. Obesity
 - j. As part of a wellness visit and/or general encounter without abnormal findings
8. Testing blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool sample for metals, including but not limited to, aluminum, arsenic, cadmium, chromium, copper, lead, magnesium, manganese, mercury, molybdenum, nickel, zinc, and heavy metals not otherwise specified **are not reimbursable** in asymptomatic individuals and/or general encounters without abnormal findings.

Reimbursement Policy

- 1. For 83918 (Organic acids; total, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
- 2. For 83919 (Organic acids; qualitative, each specimen), a maximum of 1 unit per date of

service is ALLOWED.

3. For 83921 (Organic acid, single, quantitative), a maximum of 2 units per date of service is ALLOWED.
4. For 82127 (Amino acids; single, qualitative, each specimen), a maximum of 1 unit per date of service is ALLOWED.
5. For 82136 (Amino acids, 2 to 5 amino acids, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
6. For 82139 (Amino acids, 6 or more amino acids, quantitative, each specimen), a maximum of 2 units per date of service is ALLOWED.
7. For 84585 (Vanillylmandelic acid (VMA), urine), a maximum of 1 unit per date of service is ALLOWED.
8. For 83150 (Homovanillic acid (HVA)), a maximum of 1 unit per date of service is ALLOWED.
9. For 83497 (Hydroxyindolacetic acid, 5-(HIAA)), a maximum of 1 unit per date of service is ALLOWED.
10. For 82656 (Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative), a maximum of 1 unit per date of service is ALLOWED.

Procedure Codes

Codes
82108, 82127, 82136, 82139, 82300, 82379, 82380, 82441, 82495, 82507, 82525, 82542, 82656, 82710, 82715, 82726, 82978, 83015, 83018, 83150, 83497, 83655, 83735, 83785, 83885, 83918, 83919, 83921, 84134, 84255, 84446, 84585, 84590, 84600, 84630, 84999, 86001, 86353, 88348, 89125, 91065

References:

AAAAI. (1986). Clinical ecology. Executive Committee of the American Academy of Allergy and Immunology. *J Allergy Clin Immunol*, 78(2), 269-271.

AAAAI. (1999). Idiopathic environmental intolerances. American Academy of Allergy, Asthma and Immunology (AAAAI) Board of Directors. *J Allergy Clin Immunol*, 103(1 Pt 1), 36-40.

ACOEM. (1999). ACOEM position statement. Multiple chemical sensitivities: idiopathic environmental intolerance. College of Occupational and Environmental Medicine. *J Occup Environ Med*, 41(11), 940-942.

ACP. (1989). Clinical ecology. American College of Physicians. *Ann Intern Med*, 111(2), 168-178.

AMA. (1992). Clinical ecology. Council on Scientific Affairs, American Medical Association. *Jama*, 268(24), 3465-3467.

AND. (2017). Should Albumin and Prealbumin Be Used as Indicators for Malnutrition? *JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS*. Retrieved from [https://jandonline.org/article/S2212-2672\(17\)30444-6/pdf](https://jandonline.org/article/S2212-2672(17)30444-6/pdf)

ANSES. (2018). OPINION of the French Agency for Food, Environmental and Occupational Health & Safety regarding the expert appraisal on “electromagnetic hypersensitivity (EHS) or idiopathic

environmental intolerance attributed to electromagnetic fields (IEI-EMF)". Retrieved from <https://www.anses.fr/en/system/files/AP2011SA0150EN.pdf>

Barsky, A. J., & Borus, J. F. (1999). Functional somatic syndromes. *Ann Intern Med*, 130(11), 910-921.

Bharadwaj, S., Ginoya, S., Tandon, P., Gohel, T. D., Guirguis, J., Vallabh, H., . . . Hanouneh, I. (2016). Malnutrition: laboratory markers vs nutritional assessment. *Gastroenterol Rep (Oxf)*, 4(4), 272- 280. doi:10.1093/gastro/gow013

Black, D., & Temple, S. (2018). Overview of idiopathic environmental intolerance (multiple chemical sensitivity) - UpToDate. In D. Solomon (Ed.), *UpToDate*. Retrieved from https://www.uptodate.com/contents/overview-of-idiopathic-environmental-intolerancemultiplechemicalsensitivity?source=search_result&search=idiopathic%20enviornmental%20intolerance&selectedTitle=1~150#H20

Black, D., & Temple, S. (2019, August 24). Idiopathic environmental intolerance (multiple chemical sensitivity). Retrieved from <https://www.uptodate.com/contents/idiopathic-environmentalintolerance-multiple-chemical-sensitivity>

Black, D. W., Carver, R. J., & Carver, L. A. (2020, July). Idiopathic Environmental Intolerance (Multiple Chemical Sensitivity; Environmental Illness). Retrieved from <https://www.merckmanuals.com/professional/special-subjects/idiopathic-environmentalintolerance/idiopathic-environmental-intolerance>

Bratten, J. R., Spanier, J., & Jones, M. P. (2008). Lactulose breath testing does not discriminate patients with irritable bowel syndrome from healthy controls. *Am J Gastroenterol*, 103(4), 958-963. doi:10.1111/j.1572-0241.2008.01785.x

Bush, R. K., Portnoy, J. M., Saxon, A., Terr, A. I., & Wood, R. A. (2006). The medical effects of mold exposure. *J Allergy Clin Immunol*, 117(2), 326-333. doi:10.1016/j.jaci.2005.12.001

Eltiti, S., Wallace, D., Russo, R., & Fox, E. (2018). Symptom Presentation in Idiopathic Environmental Intolerance With Attribution to Electromagnetic Fields: Evidence for a Nocebo Effect Based on Data Re-Analyzed From Two Previous Provocation Studies. *Front Psychol*, 9, 1563. doi:10.3389/fpsyg.2018.01563

Genova. (2020). Testing Services Overview. Retrieved from <https://www.gdx.net/files/clinicians/how-toorder/Genova-Diagnostics-Testing-Services-Overview.pdf>

Genova. (2021a). NutrEval® FMV. Retrieved from <https://www.gdx.net/product/nutreval-fmvnutritional-test-blood-urine>

Genova. (2021b). ONE (Optimal Nutritional Evaluation) FMV™. Retrieved from <https://www.gdx.net/product/one-fmv-nutritional-test-urine>

Genova. (2021c). Organix® Comprehensive Profile - Urine. Retrieved from <https://www.gdx.net/product/organix-comprehensive-profile-metabolic-function-test-urine>

- Genova. (2021d). TRIAD® Bloodspot Profile. Retrieved from <https://www.gdx.net/product/triadbloodspot-profile-metabolic-nutritional-test-blood-spot>
- Ghoshal, U. C., Srivastava, D., Ghoshal, U., & Misra, A. (2014). Breath tests in the diagnosis of small intestinal bacterial overgrowth in patients with irritable bowel syndrome in comparison with quantitative upper gut aspirate culture. *Eur J Gastroenterol Hepatol*, 26(7), 753-760. doi:10.1097/meg.000000000000122
- Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): a diagnostic meta-analysis. *J Gen Intern Med*, 22(11), 1596-1602. doi:10.1007/s11606-007-0333-y
- Houston, M. C. (2013). The role of nutrition, nutraceuticals, vitamins, antioxidants, and minerals in the prevention and treatment of hypertension. *Altern Ther Health Med*, 19 Suppl 1, 32-49. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23981465>
- Huang, P. C., Cheng, M. T., & Guo, H. R. (2018). Representative survey on idiopathic environmental intolerance attributed to electromagnetic fields in Taiwan and comparison with the international literature. *Environ Health*, 17(1), 5. doi:10.1186/s12940-018-0351-8
- LifeExtension. (2020). Nutrient Panel Blood Test. Retrieved from <https://www.lifeextension.com/labtesting/itemlc100024/nutrient-panel-blood-test>
- Martini, A., Iavicoli, S., & Corso, L. (2013). Multiple chemical sensitivity and the workplace: current position and need for an occupational health surveillance protocol. *Oxid Med Cell Longev*, 2013, 351457. doi:10.1155/2013/351457
- Mouzaki, M., Bronsky, J., Gupte, G., Hojsak, I., Jahnel, J., Pai, N., . . . Sundaram, S. (2019). Nutrition Support of Children With Chronic Liver Diseases: A Joint Position Paper of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition. *J Pediatr Gastroenterol Nutr*, 69(4), 498- 511. doi:10.1097/mpg.0000000000002443
- Multiple chemical sensitivity: a 1999 consensus. (1999). *Arch Environ Health*, 54(3), 147-149. doi:10.1080/00039899909602251
- Pimentel, M. (2019). Small intestinal bacterial overgrowth: Clinical manifestations and diagnosis. Retrieved from https://www.uptodate.com/contents/small-intestinal-bacterial-overgrowthclinical-manifestationsand-diagnosis?search=Small%20intestinal%20bacterial%20overgrowth&source=search_result&selectedTitle=2~145&usage_type=default&display_rank=2
- Quarato, M., De Maria, L., Caputi, A., Cavone, D., Cannone, E. S. S., Mansi, F., . . . Vimercati, L. (2020). A case report of idiopathic environmental intolerance: A controversial and current issue. *Clin Case Rep*, 8(1), 79-85. doi:10.1002/ccr3.2535
- Rezaie, A., Buresi, M., Lembo, A., Lin, H., McCallum, R., Rao, S., . . . Pimentel, M. (2017). Hydrogen and Methane-Based Breath Testing in Gastrointestinal Disorders: The North American Consensus. *Am J Gastroenterol*, 112(5), 775-784. doi:10.1038/ajg.2017.46
- Rossi, S., & Pitidis, A. (2018). Multiple Chemical Sensitivity: Review of the State of the Art in

Epidemiology, Diagnosis, and Future Perspectives. *J Occup Environ Med*, 60(2), 138-146.
doi:10.1097/jom.0000000000001215

Schmiedchen, K., Driessen, S., & Oftedal, G. (2019). Methodological limitations in experimental studies on symptom development in individuals with idiopathic environmental intolerance attributed to electromagnetic fields (IEI-EMF) - a systematic review. *Environ Health*, 18(1), 88.
doi:10.1186/s12940-019-0519-x

SpectraCell. (2021). Micronutrient Test Panel. Retrieved from
<https://www.spectracell.com/micronutrient-test-panel>

SpectraCell. (2008). SPECTROX™ (Total Antioxidant Function). Retrieved from
https://assets.speakcdn.com/Assets/2606/0e2022931_supplement-spectrox.pdf

Usai-Satta, P., Giannetti, C., Oppia, F., & Cabras, F. (2018). The North American Consensus on Breath Testing: The Controversial Diagnostic Role of Lactulose in SIBO. *Am J Gastroenterol*, 113(3), 440. doi:10.1038/ajg.2017.392

Vibrant. (2017). MICRONUTRIENTS. Retrieved from <https://www.vibrant-america.com/micronutrient/>

WHO. (2013). WHO Guidelines Approved by the Guidelines Review Committee. In *Guideline: Updates on the Management of Severe Acute Malnutrition in Infants and Children*. Geneva: World Health Organization Copyright (c) World Health Organization 2013.

Policy Update History:

5/1/2022	New policy
----------	------------