

## Reimbursement Policy

### **Diagnosis of Idiopathic Environmental Intolerance**

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#### I. Policy Description

Idiopathic environmental intolerance (IEI), formerly called multiple chemical sensitivity (MCS), is a subjective condition characterized by recurrent, nonspecific symptoms attributed to low levels of chemical, biologic, or physical agents in the absence of consistent objective diagnostic physical findings or laboratory tests that define an illness (AAAAI, 1999; ACOEM, 1999; Black & Temple, 2024).

#### II. Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the "Applicable State and Federal Regulations" section of this policy document.

*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.*

- 1) In all circumstances, laboratory tests designed to confirm the diagnosis of idiopathic environmental intolerance **DO NOT MEET COVERAGE CRITERIA.**
- 2) In all circumstances, the screening of blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **DOES NOT MEET COVERAGE CRITERIA.**
- 3) In all circumstances, profiling of phthalates and parabens using a blood, serum, plasma, saliva, urine, and/or stool sample **DOES NOT MEET COVERAGE CRITERIA.**
- 4) For asymptomatic individuals, profiling of chlorinated pesticides, including DDE and DDT, using a blood, serum, plasma, saliva, urine, and/or stool sample **DOES NOT MEET COVERAGE CRITERIA.**
- 5) In asymptomatic individuals and/or during general encounters without abnormal findings, testing of 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 **DO NOT MEET COVERAGE CRITERIA.**

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- 6) In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, plasma, saliva, urine, and/or stool samples for vitamin sufficiency, mineral sufficiency, and/or nutritional analysis **DO NOT MEET COVERAGE CRITERIA.**
- 7) The use of a breath hydrogen and/or breath methane test to assess or diagnose the following conditions **DOES NOT MEET COVERAGE CRITERIA:**
  - a) Idiopathic environmental intolerance.
  - b) Food allergies and sensitivities.
  - c) Carbohydrate sensitivity or intolerance.
  - 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.
  - h) Rosacea.
  - i) Obesity.
  - j) As part of a wellness visit and/or general encounter without abnormal findings.
- 8) In asymptomatic individuals and/or during general encounters without abnormal findings, testing of blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool sample for metals **DOES NOT MEET COVERAGE CRITERIA.**

### III. 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.**

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- 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**.

### IV. Applicable State and Federal Regulations

DISCLAIMER: If there is a conflict between this Policy and any relevant, applicable government policy for a particular member [e.g., Local Coverage Determinations (LCDs) or National Coverage Determinations (NCDs) for Medicare and/or state coverage for Medicaid], then the government policy will be used to make the determination. For the most up-to-date Medicare policies and coverage, please visit the Medicare search website: <https://www.cms.gov/medicare-coverage-database/search.aspx>. For the most up-to-date Medicaid policies and coverage, visit the applicable state Medicaid website.

### Food and Drug Administration (FDA)

No specific U.S. Food and Drug Administration (FDA) approval or clearance of a test for idiopathic environmental intolerance was found. Many labs have developed specific tests that they must validate and perform in house. These laboratory-developed tests (LDTs) are regulated by the Centers for Medicare and Medicaid (CMS) as high-complexity tests under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88). LDTs are not approved or cleared by the U. S. Food and Drug Administration; however, FDA clearance or approval is not currently required for clinical use.

### V. Applicable CPT/HCPCS Procedure Codes

CPT	Code Description
82108	Aluminum
82127	Amino acids; single, qualitative, each specimen
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen
82139	Amino acids, 6 or more amino acids, quantitative, each specimen
82300	Cadmium
82379	Carnitine (total and free), quantitative, each specimen

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CPT	Code Description
82380	Carotene
82441	Chlorinated hydrocarbons, screen
82495	Chromium
82507	Citrate
82525	Copper
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
82653	Elastase, pancreatic (EL-1), fecal; quantitative
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
82705	Fat or lipids, feces; qualitative
82710	Fat or lipids, feces; quantitative
82715	Fat differential, feces, quantitative
82726	Very long chain fatty acids
82978	Glutathione
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified
83150	Homovanillic acid (HVA)
83497	Hydroxyindolacetic acid, 5-(HIAA)
83655	Lead
83735	Magnesium
83785	Manganese
83885	Nickel
83918	Organic acids; total, quantitative, each specimen
83919	Organic acids; qualitative, each specimen
83921	Organic acid, single, quantitative
84134	Prealbumin
84255	Selenium
84446	Tocopherol alpha (Vitamin E)
84585	Vanillylmandelic acid (VMA), urine
84590	Vitamin A
84600	Volatiles (eg, acetic anhydride, diethylether)
84630	Zinc
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis

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CPT	Code Description
89125	Fat stain, feces, urine, or respiratory secretions
91065	Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
S3708	Gastrointestinal fat absorption study

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*Procedure codes appearing in Medical Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.*

### VI. Evidence-based Scientific References

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