If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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

Approval Date: September 5, 2025

Plan Effective Date: January 1, 2026

Description

The Plan 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. In all circumstances, laboratory tests designed to confirm the diagnosis of idiopathic environmental illness **are not reimbursable**.

2. In all circumstances, the screening of blood, saliva, serum, plasma, urine, and/or stool samples for volatile solvents, organic acids, and organophosphates **are not reimbursable.**

3. In all circumstances, profiling of phthalates and parabens using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.

4. For asymptomatic individuals, profiling of chlorinated pesticides, including DDE and DDT, using a blood, serum, plasma, saliva, urine, and/or stool sample **is not reimbursable**.

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 **are not reimbursable.**

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 **are not reimbursable.**

7. The use of a breath hydrogen and/or breath methane test **is not reimbursable** to assess or diagnose the following conditions:
    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;
    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 blood, serum, urine, cerebrospinal fluid, fingernails, hair, and/or stool sample for metals, **are not reimbursable**.

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

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82108, 82127, 82136, 82139, 82300, 82379, 82380, 82441, 82495, 82507, 82525, 82542, 82653, 82656, 82705, 82710, 82715, 82726, 82978, 83015, 83018, 83150, 83497, 83655, 83735, 83785, 83885, 83918, 83919, 83921, 84134, 84255, 84446, 84585, 84590, 84600, 84630, 86001, 86353, 89125, 91065, S3708

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Policy Update History

Approval Date	Effective Date; Summary of Changes
09/05/2025	01/01/2026: New policy.