Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

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

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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.

Indications and/or Limitations of Coverage

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

1. Prior to donation for a fecal microbiota transplant (FMT), analysis by bacterial culture of the donor fecal sample for the following microorganisms **MEETS COVERAGE CRITERIA**:
   a. Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae*
   b. Vancomycin-resistant *Enterococci* (VRE)
   c. Carbapenem-resistant *Enterobacteriaceae* (CRE)
   d. Methicillin-resistant *Staphylococcus aureus* (MRSA)
   e. *Campylobacter*
   f. *Shigella*
   g. *Salmonella*
2. Prior to donation for an FMT, analysis by nucleic acid amplification testing (NAAT) of the donor fecal sample for the following microorganisms **MEETS COVERAGE CRITERIA**:
   a. *Clostridium difficile*
   b. *Campylobacter*
   c. *Salmonella*
   d. *Shigella*
   e. Shiga toxin-producing *Escherichia coli*
   f. Norovirus
   g. Rotavirus
   h. COVID-19 (SARS-CoV-2)
3. Prior to donation for an FMT, analysis by NAAT of the donor fecal sample for the following microorganisms **DOES NOT MEET COVERAGE CRITERIA**:
   a. Extended spectrum beta-lactamase (ESBL)-producing *Enterobacteriaceae*
   b. Vancomycin-resistant *Enterococci* (VRE)

c. Carbapenem-resistant *Enterobacteriaceae* (CRE)
d. Methicillin-resistant *Staphylococcus aureus* (MRSA)
e. 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.

4. 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 **DOES NOT MEET COVERAGE CRITERIA**:
   a. Triglycerides
   b. Chymotrypsin
   c. Iso-butyrate, iso-valerate, and n-valerate
   d. Meat and vegetable fibers
   e. Long chain fatty acids
   f. Cholesterol
   g. Total short chain fatty acids
   h. 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*
   i. For the identification and quantitation of fecal yeast (including *C. albicans, C. tropicalis, Rhodoptorul* and *Geotrichum*)
   j. N-butyrate
   k. Beta-glucoronidase
   l. pH
   m. Short chain fatty acid distribution (adequate amount and proportions of the different short chain fatty acids reflect the basic status of intestinal metabolism)
   n. Fecal secretory IgA

Applicable CPT/HCPCS Procedure Codes

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

Coding

Code	Description
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

Code	Description
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

Evidence-based Scientific References

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Publication History

03/01/2026: Annual review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines

stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.