

POLICY – MPP – Breath Tests in Functional Bowel Disorders

Virginia Premier considers hydrogen breath testing medically necessary for the evaluation of lactose intolerance when the following criteria are met:

- 1) The member is having daily symptoms consistent with lactose intolerance (abdominal pain, bloating, and bowel changes) which are severe enough to interfere with day-to-day functioning; AND
- 2) The symptoms have not resolved after at least a 14-day trial of lactose-free diet as documented by medical records.

Virginia Premier considers hydrogen breath testing NOT medically necessary for all other indications as the clinical utility of hydrogen breath testing has not been established for other indications. This includes, but is not limited to, the evaluation of:

- 1) Irritable bowel syndrome (IBS)
- 2) Small intestinal bacterial overgrowth (SIBO)
- 3) Measuring of small bowel transit time

Virginia Premier considers carbon dioxide (CO₂) breath tests not medically necessary as the clinical utility of these tests has not been established. This includes, but is not limited to, CO₂ breath tests for

- 1) Diagnosis of bile acid malabsorption
- 2) Diagnosis of fat malabsorption

Virginia Premier considers methane breath testing not medically necessary for all indications as the clinical utility of these tests has not been established.

Medicare

Medicare has a National Coverage Determination for Diagnostic Breath Analyses (100.5, revision 6/12/1984). Per the NCD:

The Following Breath Test is Covered:

- Lactose breath hydrogen to detect lactose malabsorption.

The Following Breath Tests are Excluded from Coverage:

- Lactulose breath hydrogen for diagnosing small bowel bacterial overgrowth and measuring small bowel transit time.
- CO₂ for diagnosing bile acid malabsorption.
- CO₂ for diagnosing fat malabsorption.

CODING

ICD-10 Covered if criteria are met

E73.0 – E73.9 Lactose intolerance
R10.0 – R10.13 Abdominal pain
R10.3 – R10.9 Abdominal pain

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R14.0 – R14.3 Flatulence and related conditions
 R19.7 Diarrhea unspecified

ICD-10 Not Covered

K31.84 Gastroparesis
 K58.0 – K58.9 Irritable bowel syndrome
 K90.4 Malabsorption due to intolerance, not elsewhere classified

CPT

91065 Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-hyphencecal gastrointestinal transit)

REFERENCES

- 1) National Coverage Determination Diagnostic Breath Analyses (100.5) Revision 6/12/1984. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=264> Accessed 12/7/2021.
- 2) http://www.aetna.com/cpb/medical/data/600_699/0691.html Accessed 12/7/2021
- 3) https://www.modahealth.com/pdfs/med_criteria/HydrogenBreathTesting.pdf Accessed 12/7/2021
- 4) Hayes review Hydrogen Breath Test In Patients with Functional Bowel Disorders and Suspected Carbohydrate Malabsorption. (Revision September 2020) Accessed 12/7/2021.
- 5) Hayes review Hydrogen Breath Tests for Diagnosis of Small Intestinal Bacterial Overgrowth in Functional Bowel Disorders. (Revision June 2020) Accessed 12/7/2021
- 6) Hogenauer Christoph and Hammer Heinz. Lactose Intolerance and Malabsorption: Clinical Manifestation, Diagnosis, and Management. Revision October 2021. Up-To-Date Accessed 12/7/2021.

Related Documents

Revision History		
Date	By	Description

POLICY – MPP – Breath Tests in Functional Bowel Disorders