GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Irritable bowel syndrome (IBS) is a chronic gastrointestinal (GI) disorder characterized by abdominal pain or discomfort, bloating, excessive flatulence, and disturbed defecation (e.g., diarrhea and/or constipation). Since there are no reliable biological markers for IBS, the diagnosis of IBS is based solely on middle and lower GI tract symptoms and involves the use of a symptom-based diagnostic system.

The cause for IBS is unknown, but proposed causative mechanisms include psychosocial factors and abnormalities in intestinal microflora balance, in GI motility or sensation, or in brain-gut nerve transmission. Symptoms may be exacerbated by stress, hormonal changes, food or mold hypersensitivity, fatty foods, dairy products, chocolate, or caffeinated, carbonated, or alcoholic beverages. Furthermore, IBS shares symptoms with, may be caused by, or may coexist with other GI conditions, including but not limited to small intestinal bacterial overgrowth (SIBO), in which the number of microbes in the small intestine is increased versus normal, and carbohydrate (e.g., lactose, fructose, sucrose, glucose) malabsorption or intolerance, in which the amount of the culprit carbohydrate ingested exceeds the ability of the GI system to digest or absorb it.

Patients with IBS symptoms may undergo tests to identify other conditions that may be responsible for the symptoms. SIBO may be identified by direct aspirate and culture of specimens from the jejunum of the small intestine (jejunal aspirate and culture), which is the reference standard test for SIBO but is invasive and costly.

A carbon dioxide (CO2) breath test is an alternate test for SIBO. This test involves measuring breath CO2 before and after ingesting a substrate conjugated with carbon-14 (14C) or carbon-13 (13C). Gut bacteria metabolize or deconjugate the substrate and release CO2, thereby providing a measure of intestinal bacteria. The sensitivity and specificity of CO2 breath tests vary widely in the studies in this report (30% to 94% and 14% to 94%, respectively), and 14C poses a radiation risk for children or pregnant women. Standard tests for identifying carbohydrate malabsorption or food insensitivity include the lactose tolerance test (LTT), trials of a low-lactose or a low-fiber diet, food challenges, and food-elimination diets. Other than the LTT, these methods are time-consuming and require considerable cooperation and compliance from patients.

The hydrogen breath test (HBT) has been investigated as a way to identify SIBO or carbohydrate malabsorption and involves obtaining breath samples before and at timed intervals after ingesting a carbohydrate substrate and analyzing these samples for hydrogen (H2) content. Intestinal bacteria ferment the carbohydrate, producing the only source of bodily H2, which is expelled in the breath. The pattern and degree of expelled H2 may indicate the presence of particular gastrointestinal (GI) disorders. Irritable bowel syndrome (IBS) is a chronic GI disorder that is diagnosed only by symptoms but shares symptoms with other GI conditions. In patients with IBS, the HBT is performed to identify GI conditions that may be responsible for symptoms and may be treatable, potentially providing symptom relief.

HBTs do not appear to provide a clinical benefit for diagnosis of IBS or for management of patients with IBS. There are a number of variables that influence HBT results, besides possible SIBO or carbohydrate malabsorption, and therefore these tests do not provide a definitive diagnosis for patients with symptoms of IBS or help to determine the underlying cause of those symptoms.

POLICY

| Hydrogen breath test to detect lactose malabsorption (91065) does not require prior authorization. |
| Hydrogen breath test for diagnosing small bowel bacterial overgrowth and measuring small bowel transit time is non-covered. |
| CO2 breath test for diagnosing bile acid malabsorption or fat malabsorption is non-covered. |
HMO, PPO, Individual Marketplace, Elite, Advantage
Hydrogen breath test to detect lactose malabsorption is **covered**.

The following breath tests are **non-covered**:
- Hydrogen breath test for diagnosing small bowel bacterial overgrowth and measuring small bowel transit time
- CO2 breath test for diagnosing bile acid malabsorption
- CO2 breath test for diagnosing fat malabsorption

**CODING/BILLING INFORMATION**
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>91065</td>
<td>Breath hydrogen or methane test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or orocecal gastrointestinal transit)</td>
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</table>

**TAWG REVIEW DATES**: 06/24/2016

**REVISION HISTORY EXPLANATION**
06/24/16: Policy created to reflect most current clinical evidence per TAWG.

**REFERENCES/RESOURCES**
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.